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ORIGINAL COMMUNICATIONS.

On the proportion of Graduates to the Population. By GEORGE
TUCKER, Esq., formerly Professor of Moral Philosophy in the
University of Virginia.

18 Girard street, March 16, 1850.

DEAR SIR:—My friend Professor Tucker, formerly Professor of Moral Philosophy and Political Economy in the University of Virginia,—whose attention has been much directed to statistical subjects, which he has, on many occasions, ably illustrated,—has sent me the accompanying communication, which confirms the view recently taken by my friend and colleague Dr. J. K. Mitchell, in his charge to the graduates of Jefferson Medical College—that the number of graduates annually sent from the schools is not yet sufficiently large to meet the demands of the community. Should you desire to publish it, it is at your service.

I am my dear sir,

Very truly yours,

ROBLEY DUNGLISON.

Dr. F. G. Smith, Editor of the Medical Examiner.

13 Girard street, March 16, 1850.

MY DEAR SIR :—I well recollect that when a committee of the Medical Association which met at Baltimore, in May, 1848, stated that the annual number of medical graduates exceeded the demands of the community, I remarked to you that I had drawn a contrary inference from the facts stated by the committee themselves; and your colleague Dr. Mitchell having, in his late charge to the graduates of Jefferson College, maintained, by a reference to statistical details, that the number annually added to the list of regular physicians was still far short of the wants of the country, I readily comply with your request, and state the grounds of my opinion on a subject on which learned doctors have thus differed. My estimate will be made for the year 1848.

On the first of June, of that year, the population of the United States—adding to the ordinary increase a reasonable allowance for the accessions from the acquired territories of Texas, California and New Mexico, and an unprecedented number of immigrants since 1840—was probably not less than 22,000,000. Let us, however, suppose it to be 21,500,000. With this population, what is the probable number of physicians? I have been in the habit of estimating one for every 800 persons. Dr. Mitchell, guided by the number in Philadelphia, supposes one for 700; but the proportion is always greater in the cities than in the country. Taking then the former ratio, the whole number of practising physicians in the United States is 26,875. On comparing the number of free white adults in the census of 1830, with that of 1840, and deducting from the latter the intervening gain from immigration, it would seem that the annual diminution by death in that class is about 2 per cent. For reasons with which I will not trouble you, I suppose the proportion of deaths in your profession to be greater than the average. Let us, however, assume it to be the same, and the annual reduction from this cause will be 537.

But the annual addition to the population requires a correspondent addition to the number of physicians. The yearly increase by natural multiplication appears to be about 2.8 per cent., which in a population of 21,500,000, amounted in 1848 to 602,000, to which 200,000 may be added for immigration. That year, indeed, the number of immigrants was considerably larger.

The whole addition to the population being thus 802,000, would consequently require 1002 physicians.

Further deductions must be made for those who quit the profession for other occupations, or because they are weary of it; for those who have obtained the degree of doctor of medicine but have never practiced; and for a small number who, having graduated in two schools, have been reckoned twice. I do not add to this list, those who practice in foreign countries, since the number of physicians who migrate to this country is probably equal to those who leave it. I have no data for estimating this class of deductions; but Dr. Mitchell reckons it at 2 per cent., and you think that estimate not too high. This would take off 537 more, or at 1 per cent. 268.

The additional number of physicians annually required to supply the wants of the country was then as follows:

From deaths,	537
From increase of population,	1002
From withdrawals, &c., at 2 per cent.,	537
	<hr/>
	2076

If, however, we reduce the last head to only 1 per cent., the number would be 1807, so that if the annual number of medical graduates had not exceeded 1500, as the report of that committee assumed, we find that after allowing the widest range for possible error, the annual supply is from 20 to 35 per cent. less than the annual demand. This deficiency, which has since increased, was of course supplied from the large class of uneducated and half-educated practitioners who are still suffered to sport with the health and lives of the credulous multitude.

With great respect and regard, I am, &c.,

GEORGE TUCKER.

To Dr. R. Dunglison.

Contributions to Anatomy and Physiology. By W. R. HANDY,
M. D., Baltimore.

To the Editor of the Medical Examiner.

I take the liberty of sending you an account of a muscle, which, so far as my dissections extend, and an examination of such anatomical works, as in my opinion are entitled to credit, is entirely new.

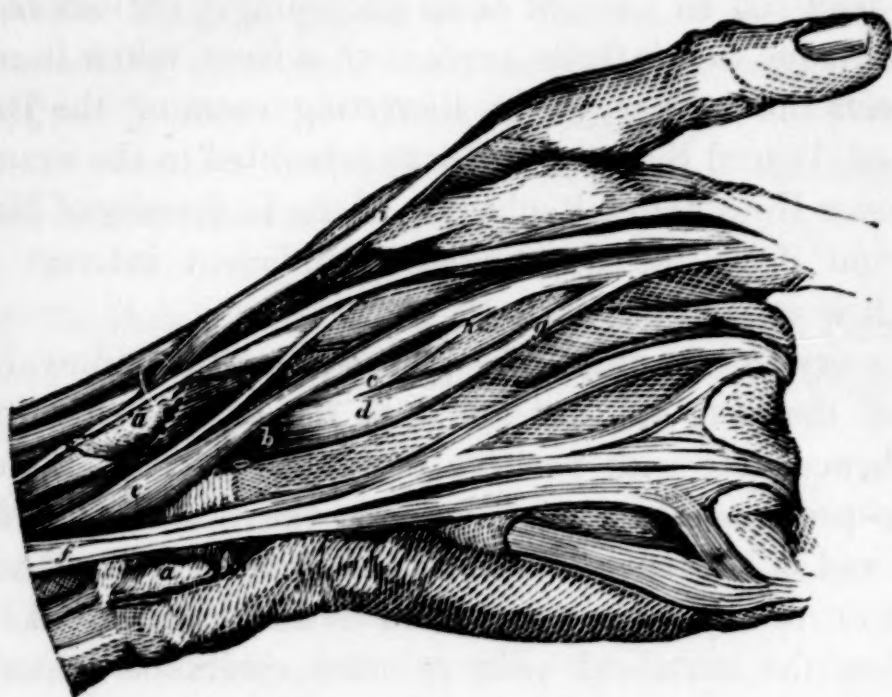
I also send a wood-cut of the muscle, which was prepared for the American Journal and Library of Dental Science—and which was used by the same Journal, but owing to some typographical awkwardness it seems that the lettering of the plate, and the illustration, by no means correspond, and that several parts are thus given with their wrong names. To correct this unfortunate accident is one reason why I would beg an early insertion in your journal, should you deem the same worthy of notice.

From the attachments and functions of the muscle I have thought proper to give it, as not inappropriate, the name of *Extensor accessorius indicis*.

It had its *origin* on the right hand, by a delicate tendinous membrane, from the radio-carpal-articulation, behind the posterior annular ligament, and in the same groove with, and posterior to the tendons of the extensor communis and indicator, forming a fleshy bulb nearly the size of the plantaris of the leg. It soon, however, divided into two bellies—the one short and attached or *inserted* by a delicate tendon into the tendon of the indicator, near the base of the metacarpal bone of the forefinger. The other larger, and connected also to the tendon of the indicator, but near the articulation of the metacarpal bone with the first phalanx of the forefinger, and by a narrow tendon, also, as seen in the drawing.

On the left hand, the muscle had but one belly, which ended in a tendon having a similar attachment and resemblance to the larger belly upon the right.

Its *function* seems evidently to assist the indicator in the extension of the forefinger.



Explanation of Plate.—*a. a.* Posterior annular ligament laid open. *b.* Origin of the new muscle. *c.* Its smaller belly. *d.* Its greater belly. *h.* Tendinous insertion of smaller belly. *g.* Tendinous insertion of larger belly. *e.* Indicator. *f.* *Extensor communis*, turned to one side to expose the origin of the new muscle. *i.* *Extensor longus pollicis*.

REMARKS.—This muscle was seen upon a colored woman in the dissecting room of the Baltimore College of Dental Surgery last winter. I find that Dr. Horner, in the last edition of his *Anatomy*, states that the indicator muscle “is subject to many modifications;” that it is sometimes *digastric*, and sometimes *double*, in which latter case the second head goes to the middle finger. The American editor of the *Dublin Dissector* makes a similar remark. But a reference to the drawing clearly shows that it cannot be brought under either of these modifications of the indicator.*

* We have much pleasure in publishing the communication of Dr. Handy (which has already appeared in the *Boston Med. and Surg. Journ.*, and the *Amer. Jour. and Library of Dental Science*,) for the purpose of enabling him to make the desired corrections. In one instance, however, since we have been connected with the editorial department of the *Examiner*, an article was sent simultaneously to two journals, (our own being one of them,) without any intimation of the fact being given to us. This we are entirely willing to believe was the result of a want of the “*savoir faire*” in such matters. But it is generally regarded as a want of candor on the part of the contributor, and as evincing a desire rather to publish his own name than to advance the cause of science. It is usually conceded to an editor that he shall be the

I also send you an account of an exceedingly curious *transposition of parts on the inferior surface of a liver* taken from one of the subjects this winter, in the dissecting room of the Baltimore College of Dental Surgery. It was submitted to the examination of Professors Roby and Miltenberger, of the University of Maryland. Should you deem the description of sufficient interest to your readers, it is at your disposal.

I am sorry to say that I did not witness the removal of this liver, and therefore did not see it in its natural situation; and cannot hence state with positive certainty which of the edges of the liver presented front and towards the ribs—a fact of some interest, and in reference to which, I have to regret my not being able to procure any information from those who removed it.

If where the umbilical vein or cord enters be taken as the anterior edge of the liver, in accordance with the usual anatomical descriptions, then the state of things is as follows, viz:

1. The *thickest edge*, with its round and smooth surface, which is always described as posterior, is now found in front, while the anterior sharp edge is placed behind.

2. The *right lobe* is much the smallest, and about the size of what the left usually is, while the left takes the usual size of the right.

3. The *Lobulus Spigelii* is in front, instead of behind the transverse fissure, and situated on the left, instead of the right lobe.

4. The *Inferior vena cava* also was in front of the liver, (instead of its back part,) and on the left instead of the right lobe.

If, on the other hand, the thick and round edge of the liver, together with the usual situation of the *Lobulus Spigelii* and ascending cava, be taken as the posterior edge, then the situation of parts is as follows, viz:

1. *Gall bladder* on the posterior edge of the left lobe, instead of anterior and inferior surface of the right.

2. *Umbilical cord* entering the centre of the posterior edge, instead of the fissure on the anterior edge.

judge as to whether an article has sufficient merit to warrant its appearance in more than one journal at the same time.

These remarks are not all intended to apply to the author of the above article, who has very candidly stated his reasons for wishing his communication to appear in our pages after their publication in others, but to those who through ignorance in such matters, might, under similar circumstances, feel offended at the non-appearance of their contributions.—ED. EXAMINER.

3. *Lobulus Spigelii* passes over the transverse fissure, to the left lobe, making an arch of about an inch in breadth.

Yours respectfully,

W. R. HANDY.

Baltimore, March 7th, 1850.

Case of Emphysema of the Sub-Mucous Cellular Coat of the Stomach ; with remarks. By FRANCIS WEST, M. D., of Philadelphia.

April 20, 1840. Thomas B., white, æt. 34 years, shoemaker by trade, of temperate habits, and sound constitution, had always enjoyed good health until about a year since, when he began to complain of not feeling perfectly well, although he still continued to work at his trade. About six weeks before my first visit, according to the history which he gave me, he began to suffer from severe burning in his stomach, which steadily increased and extended throughout his abdomen, accompanied by loss of appetite, vomiting, and a sensible diminution of his urine. About a fortnight before he died, he had taken, by the advice of a Thompsonian practitioner, several powerful emetics, which operated most violently. From this time he became much worse, and then applied to a Homœopathic practitioner, who, having been only recently converted from legitimate medicine, had very wisely conjoined with his "little powders" the free use of leeches and poultices to the abdomen, with the effect of somewhat relieving him. The symptoms, however, soon became threatening again, and in view of approaching death, the patient was very willingly resigned into my hands. His condition was then as follows:—Emaciation of face considerable, of rest of body moderate; no œdema or other swelling of the integuments; face hippocratic and expressive of severe internal uneasiness, which was constantly referred to the abdomen, pressure upon which, especially over the stomach, very much aggravated his sufferings. He said *that he felt as if there was something in his stomach which ought to come up*, and begged that he might be vomited for the purpose. His mouth was dry, with sordes about the lips and gums; tongue also dry, hard and pointed, and abraded in spots, but without any fur upon it; voice weak, with great difficulty of swallowing, and an intense desire for cold drinks, which were freely allowed him.

He had no disposition for food, although his stomach was quite retentive; abdomen very tumid; bowels constantly open, with much pain; discharges consisting of bloody water; no cough or pain in the chest; respiration weak but natural; impulse of heart feeble; pulse about 90; skin of natural temperature; no sweating; urine not very free. A palliative treatment was advised, consisting of warm applications to the belly, with cool mucilaginous drinks, and the same kind of enemata; chicken water for nourishment. He gradually sank, as I had anticipated, and died very easily on the 23d, about 72 hours after I first saw him.

Autopsy.—Thirty hours after death: usual rigidity of the body; no decomposition or apparent tendency to it.

Thorax.—Lungs engorged with black blood; no other lesion; no effusion into the pleuræ. Heart soft and flabby, its tissue at some points being easily broken down by pressure between the fingers. Parietes thinned; valves natural; no pericardial effusion.

Abdomen.—The omentum was firmly adherent to the abdominal parietes at several points, and at the same time closely invested the intestines, being attached to them by false membrane, the result apparently of not very ancient inflammation. No extraordinary fetor was observed when the cavity was exposed. On laying open the stomach, attention was at once attracted to the projection into its cavity of a large, tense irregularly rounded swelling, considerably exceeding a goose egg in size, surrounded by smaller ones, similar in character, some of which were connected with the large one, whilst others were only contiguous to it; the whole resembling very much a collection of hydatids. On examination, these swellings proved to be the result of distension or inflation of the mucous membrane of the stomach, from air accumulated in its sub-mucous cellular tissue. The parietes of these inflated tumors could not be ruptured by pressure with the fingers, but on being cut, the air which escaped from them was quite inodorous. This fact was particularly noticed. The mucous membrane of the stomach was everywhere of natural firmness, and could be readily raised in strips of some length, leaving the parts beneath quite natural. No signs of inflammation were present. No part of this organ exhibited any sign of putrefactive decomposition. The intestines examined throughout, presented no appearance similar

to the emphysematous condition of the stomach, neither was this latter observable in any other part of the body. The other organs were healthy.

Remarks.—The point of particular interest in this case is, of course, the emphysematous swellings noticed in the stomach, and in regard to them, the question at once arises, how were they produced? Was the collection of gas the result of abnormal secretion, or exhalation into the sub-mucous cellular tissue, or was it merely the effect of incipient decomposition of the part after death, or at some period nearly preceding dissolution? To the latter cause many persons may, at first view, be disposed to attribute it, and similar gaseous collections, as M. Bouillaud has done, in his article upon the subject in the *Dictionnaire de Médecine et Chirurgie Pratiques*.

From the firmness and natural condition of the rest of the stomach, and from the perfectly circumscribed character and consistence of the swellings themselves, however, as well as from the entire want of fetor in the air which escaped from them, we are more disposed to regard the emphysematous condition as the result of actual secretion, or exhalation of air into the cellular tissue during life, than as a consequence merely of putrefactive decomposition. Neither the time of year, the nature of the disease, nor the period which elapsed between death and the autopsy, seem to favor the idea of putrefaction, which, on the contrary, appears to be disproved by the entire localization of the swellings, as well as by the natural appearance of the rest of the stomach, and the entire absence everywhere else of any signs of decomposition.

May not the lesion have been connected in some way or other with the violent vomiting to which the patient had been subjected, and after which, as has been stated, he always complained of feeling something in the stomach, which, as he expressed it, "ought to come up?" The inflation of the inner membrane of the stomach to the degree noticed, might very well, as we conceive, have given rise to this peculiar sensation, and if so, we are supported in the belief that the emphysema originated *ante* and not *post mortem*.

Such an appearance of the stomach, we believe, has not often been noticed.

Andral, in his *Pathological Anatomy*, page 124, of volume 2d,

under the head of "Exhalation of Gases," gives a case of the kind, as reported by Cloquet, although he evidently regards the appearance in question as one of very uncommon occurrence. Cloquet, in his history of the case, says "there was considerable emphysema of the cellular tissue uniting the different coats of the stomach, so that its parietes appeared to have been inflated, and at several points were nearly an inch in thickness."

This description accords perfectly with the one we have given, and except in Cloquet's case, we do not find any other reference in authors to emphysema of the *stomach*, although that of other organs is noticed.

Thus, Grisolle, in the first volume of his treatise on Internal Pathology, under the general head of Morbid Secretions, called by him "Pneumatoses ou Sécrétions Gazeuses," when describing "emphysema," says "that it occurs also at times in the sub-mucous cellular tissue, such as is found in the folds of the conjunctiva, and in that separating the different coats of the intestines, but more rarely in the subserous cellular tissue, especially that beneath the epiploic reflections." It is probable, he adds, that in these latter cases, the emphysema constitutes a purely cadaveric lesion.

Murat, in his article upon "Spontaneous Emphysema," in the Dict. de Médecine, or Repertoire des Sciences Médicales, says "these may possibly be referred to this sort of lesion, viz., "emphysema from exhalation," the different windy tumors, observed by Galen and Fabricius, as well as the collections of gases which appear in different parts of the body, either after, or during certain diseases, or from exposure to cold, or in some cases of poisoning, as well as from the bites of certain insects and reptiles."

PHILADELPHIA COUNTY MEDICAL SOCIETY.

February 12, 1850.

President Dr. S. JACKSON (late of Northumberland) in the Chair.

The subject of *oil of turpentine* which has been proposed for discussion this evening, was introduced by the President with a few observations which he has since extended and multiplied as follows:

The subject proposed for discussion this evening is, the use of oil of turpentine in typhus fever, (including what has been called

the typhoid,) in puerperal and yellow fever, in dysentery, and in hemorrhagies, particularly those that occur in these various diseases.

In all these there would appear to be one general state of the whole system, that of fever with inirritability, requiring more or less stimulation; and happy it is, if physicians have found in turpentine, a stimulus of peculiar operation exactly suited thereto.

The use of this article in these diseases, has been discovered within the present half century, and it now appears to be gaining upon the profession both in Europe and America; hence it may be well for each of us to adduce what he has read and done, thus throwing his mite of latent knowledge into a common stock, for the common benefit of all and for public profit.

The terebinthinate medicines, though much used by our forefathers, esteemed and called by them *the balsam or balm of the viscera*, fell into such neglect that many systematic authors barely mentioned them for a long series of years. Thus the *Dic. des Scien. Méd.*, the volume containing this article published in 1821, gives but a meagre account of them and says—"they are much less used than formerly." The *Dic. de Méd.* 2nd edition, vol. 29, published in 1844, has very little to say concerning them, and not one word on their use in hemorrhage or fevers, except a mere passing hint that the oil had been given in puerperal fever. Nor does this comprehensive work advert to them under the head of typhus or of dothinenteritis. Cullen, Eberle, and Paris, speak of the oil in their works on *Materia Medica*, as a diffusible stimulus, but say nothing of its use in low fevers, dysentery, or hemorrhage; nor do Good, Watson, Gregory, Eberle, McIntosh, Dunglison, name this article in relation to these diseases in their systems of practice, except that Good admits it in chronic dysentery, and Watson merely mentions it for melæna, as a thing he had heard of.

Southwood Smith says nothing of its use in typhus fever, even when there was abdominal pain and flatulence. He once mentions it in hemorrhagic fever:—"now and then he says, a stimulant has a greater effect in checking hemorrhage than an astringent, and then the ol. tereb. is the best remedy." Burne who published an excellent monograph on adynamic fever in 1828, does not name turpentine, though he says much on the tympanitic abdomen, ulcerated bowels, and hemorrhage in this fever. Wilson Philip on fevers, and our own Nathan Smith on

typhus, are wholly silent ; so is Bartlett, even in his 2nd edition, a work wherein he certainly wished to comprehend all good things. The Library of Pract. Med. gives not a hint concerning its use in hemorrhage, whether active or passive, except in melæna ; nor yet in dysentery or fever except the puerperal, and yet Dr. Dunglison has contributed his share, and filled up the supposed deficiencies of the great salmagundi.

Although the utility of oil of turpentine in these diseases, is a late invention, there has been ample time to bring it into more general use ; and we can hardly excuse the silence of so many writers on a subject of vital importance with which they ought to have been thoroughly acquainted, for Dr. Chapman in his Therapeutics published in 1817, has written much that goes directly to our present purpose. Now when it is remembered that he had then been lecturing to large classes for four years, the knowledge we refer to, must have been widely diffused.

But Dr. Rush in his history of the yellow fever of Philadelphia in 1805, says that Dr. Physick used it that year with success for the vomiting that occurs in the second stage. It does not appear that he used it in the fully formed black vomit, but merely in that exhausted state of the whole system, and particularly of the stomach, which soon brings on this fatal symptom.

Dr. Brennan, a wild and eccentric physician of Dublin, brought the oil into use in puerperal fever in the year 1814, with undoubted success: his method has since been cried up by some and cried down by others, and as always happens in such cases, without a due regard to the state of the system, and to that peculiarity of action which a remedy may exclusively possess, without our even suspecting it ; which, moreover, cannot be ascertained with certainty without a long continued empiricism, scientifically, or at least artfully conducted.

In the London Medical and Physical Journal for 1821, Dr. Copland published a paper on the virtues of turpentine, and this was transferred to volume second of the Journal of Foreign Medical Science, published in Philadelphia, and read beyond the mountains of Pennsylvania in 1822. The author commends it in common dysentery and some hemorrhages, all which is directly to our present purpose ; but he details so many other diseases which he cures therewith, as to bring upon himself some slight imputation of

quackery. He does not, however, advocate its indiscriminate use in all states of the system. He says—"a phlogistic temperament, though the debility be very considerable, ought to forbid its use. The best general indications for the internal employment of this remedy in hemorrhagic diseases, and those by which I have been guided, are the absence of plethora and the phlogistic diathesis; when there has been a previous great loss of blood; when the pulse is soft, weak and easily compressed, indicating a want of tone in the arterial system. In a word, it can be used in all hemorrhages of a truly passive character." We shall see after a few pages, that he became more bold by practice, and that both he and his New York editor, use the medicine now without regard to the states active and passive.

Dr. Chapman was probably the first to bring the medicine fairly before the American physicians in the treatment of fevers and hemorrhagies; for as said above, he both published and lectured on the subject in the year 1817. In his *Therapeutics* first published this year, he recommends from his own experience, the oil in typhus fevers, when stimuli are called for and in the summer fevers with what he calls a typhoid tendency. He then notices Physic's use of it in the vomiting of yellow fever in 1805. In subsequent editions, I quote from the fifth, he speaks of its great utility in this disease as it stood in 1820, when he and Dr. Hewson gave the oil not merely for the vomiting but as a specific against the whole malady. "Of the counter agency, says the professor, of turpentine in scalds and burns, we are aware. The stomach in yellow fever, is in a state of inflammation, probably of a somewhat similar nature, which is overcome in the same way. This conjecture derives support from the consideration that, in many instances, the turpentine is soothing in its effects, removing the sense of heat and irritation in that viscus, subduing the force of vascular action and general excitement, and inducing at once a condition of more comfort and security."

He and Dr. Hewson under whose care the hospital at Bush-hill was placed, gave the oil, a drachm every hour, to sixteen patients of whom twelve were cured. "Compared, says the Dr., with what was done in the city by other modes of treatment, this success was exceedingly encouraging. It should too be recollected, that most of the patients were brought into the hospital in an ad-

vanced stage of the disease, much reduced by venesection and other evacuations." He then says in a most unfortunate *lapsus ingenii*, that "unless it be employed at the commencement or very early in the attack, the turpentine in common with all remedies, will be for the most part unavailing." Yet twelve out of sixteen cases were cured though in "*the advanced stage and much reduced by venesection and other evacuations ;*" to which you may add the agitation of jolting them two or more miles to Bush-hill, after such medical debilitation and that of the disease conjoined. I would rather take the doctor's fact than his opinion, and say that turpentine cured twelve of sixteen deplorable cases.

The professor reasons well on its mode of operation, as far as human reason can go by analogy. But we must take the facts which are sufficient of themselves and there is no need of theorising unless as a means of persuading the incredulous. Drs. Physick and Chapman's facts are incontrovertible, their reasoning may not prove conclusive to every mind, hence we shall not detain the reader therewith.

But, alas for medical experience ! Professor Jackson's History of Yellow Fever of 1820, Philada. Med. and Ph. Jour. Vol. II. 11-16, says, the medicine proved less highly beneficial in the city as used by other physicians, and this fact he imputes to the "effects produced by a pure and salubrious air at the hospital, constant medical attention, and good and faithful nursing." All these are good and useful things, but experience has proven, that they will not, when used without turpentine, cure twelve of sixteen such patients as Dr. Chapman describes. Rather than yield my cheering opinions of Dr. Chapman and Hewson's success, I would consider Dr. Jackson's patients or those of whom he speaks, as among the incurables, in consideration of whom he says p. 17, "there is a limit placed beyond which no human effort can extend and where human skill and art cease to avail."

Dr. Charles Caldwell in his history of the yellow fever of 1805, appended to his translation of Alibert, says—"other practitioners derived much advantage in cases of obstinate vomiting, from the use of spirits of turpentine, a remedy first proposed by Dr. Physick. The Dr. appears to have taken the hint in this instance, from the efficacy of that article in preventing gangrene from severe burns. His object was to prevent black vomit and death of the stomach

from excessive inflammation. I am sorry to add, that in my hands, that remedy was not productive of those happy effects which are said to have attended its use in the practice of other physicians." Here the Dr. is one against many according to his own account; a strong man certainly, but the battle is not always to the strong. A fortuitous concourse of untoward circumstances, often perverts for a time, the brightest minds in medicine.

Professor Wood in the year 1826, published in the North Amer. Med. and Surg. Jour. vol. i. a paper on the use of the oil in remittent and in typhous fevers. He seems to limit its use to a certain state which appears to be mediate or transitive to either life or death, as nature may adjudge the case, to use an idea of the ancients; for this is their true crisis, when nature sits in judgment, and the patient is ready to go either way. The tongue, after having become moist and begun to clean itself—thus affording indications of a speedy recovery—suddenly becomes dry, smooth, and red; the abdomen becomes tender and distended; the stools dark and offensive; the urine high colored; the skin dry and harsh; the pulse more feeble and frequent; the intellect wanders and the countenance expresses anxiety and suffering.*

Here the professor considers the oil as an almost infallible remedy in a state of things which no other stimulus has been found to relieve. To this proposition we assent most cheerfully. I do not remember having used turpentine in such cases, but I recollect having lost such patients under common stimuli before turpentine came into use. It was a state that I learned to dread, a state on the very confines of death, and alas for the patient if nature or the physician make a single blunder. But *ipsi pauca velim facilem si præbeat aurem:*" I will venture to say to the learned professor, that this perilous crisis must be anticipated and prevented by turpentine. I cannot by any means limit the use of it to the period when the tongue begins to clean, grow smooth, and redden, as a deceptive prelude to the sinking state. While the tongue is yet deeply coated it is often red and dry, the teeth foul and uncovered

* With respect to this delusive cleaning of the tongue, Dr. Rush says, "We sometimes see the tongue after being dry in this fever, suddenly become moist; and yet the patient sinks under the disease."—*Rush's Pringle*, p. 262 note.

—“*dentes retecti*,” the whole body with all its functions appearing altogether cachectic—here we may give this medicine without waiting for any tendency in the tongue to throw off its coating, whether this be in typhus or in the protracted state of inflammatory remittent fever, now assuming somewhat of the typhous livery.

A principal duty of the physician is to prevent diseases from running into a state of danger. I can remember myself making a great trepidation about a patient in this very fever, when an old busy-body said—“Poh, Doctor, this woman is in no danger, I have seen worse cases of nervous fever than this.” Well, Mr. B. did they recover? “Oh no, there was Mr. A. B. C.—they all died.” I replied, you have said well, they all died, but my wish is to prevent this woman’s running into such a state that she too must die.*

I would earnestly enjoin the use of the oil very early in typhus when there is reason, from well known symptoms, to suspect a lesion of Peyer’s glands; for I cannot but hope much from its direct application to the ulcer itself as well as from its reaching it through the blood. And here, in order to be understood, I must say that I consider what has been called *typhoid* as nothing but an accidental state of *typhus*. Both states originate unquestionably from the same contagion or from the same fomes, have the same general symptoms, the same accidental lesions: for what difference is there between an ulcer in Peyer’s glands and an ulcer in the brain, the axillary glands, or the suræ, all which are seen in typhus—what difference between one phlegmonous inflammation and another? This lesion, this effect of disease wherever seated, is red blood in serous vessels, and further than this, no human eyes will ever penetrate. Some careless man in Ireland rolls up his dirty shirt saturated

* Upon looking into Professor Wood’s Practice of Med. since the above was printed, I find that he does recommend the turpentine to be used earlier than he proposed in his paper in the North Amer. Med. and Surg. Jour. He says “should the tongue become dry and the abdominal distension be undiminished, the oil of turp. will prove an excellent remedy. I cannot too strongly impress upon the profession the importance of this remedy.” And half a page further on, he speaks of it as directly useful in healing the ulcerated ileum. He says too, “it is not improbable that mercury may serve in some degree to arrest the progress of disease in the glands of Peyer.”

with perspiration, and after some weeks, he unrolls it in the steerage, thus infecting himself and others, some with typhus and some with the so called typhoid. Now surely this must be one disease, for as Dr. Armstrong says on this very subject—we do not gather grapes from thorns and figs from thistles—when we vaccinate we do not expect a crop of measles: but when we poison ourselves with these fomites, we expect a fever with local inflammation in various parts, which may or may not ulcerate. But I will cease to argue for the reader knows all and even more than I could say in consuming an hour which neither he nor I can spare.*

Upon the contagiousness of this disease when thus generated, I published a paper in the Amer. Jour. of the Med. Scien. for Oct. 1845, which Prof. Wood and Dr. Bartlett have quoted under the head of *typhoid* fever. Call it what you please, it was sometimes the *typhus mitior*; sometimes the *gravior*; the *febris lenta nervosa* and the *febris putrida maligna* of Huxham from beginning to end and in the same house at the same time. It comes from fomites of our own making, though Drs. Chapman and Bancroft have the grace to believe that it came down from heaven at the beginning of the world, in common with all good things: and Dr. Bartlett says—"our knowledge of its efficient causes, excepting that of contagion, is very limited and imperfect." Now I think the cause is as manifest as that of drunkenness; and I would pledge myself to generate the typhous poison as certainly as a distiller would engage to make a barrel of brandy.

Well then, in what Mr. Morrison of the Newry fever hospital calls the cachectic state of typhus and in the long protracted state

* With respect to the origin of typhous fever, Dr. Rollo relates a fact which may be considered conclusive when taken in conjunction with hundreds of others. Eight men of the horse artillery were taken with a suspicious fever, and upon inquiry it was found, that their rooms had entirely different bedding from the rest of the barracks. The hammocks were rolled up tightly every morning the moment the men rose, and were not opened till about to be occupied at night; nor had they been aired for more than two months, owing to a succession of wet weather; and therefore upon opening them for examination a very nauseating smell was perceived. "Here, says Dr. Rollo, an infectious fever evidently arose from the confinement of the effluvia of a man's own person, in a term of about two months." See Hygeia xi. 45. Much to the same purpose may be found, but particularly in Willan's Reports p. 255.

of koinomiasmatic fever, I must from much experience maintain, that the oil of turpentine is a remedy of inestimable value, and without an equal. Where it was that I first learned the use of this article in the diseases above referred to, I cannot recollect, but I clearly remember having used it internally in cholera morbus in 1823, and soon after in typhus fevers, with such success, that it soon became with me a favorite remedy.

In cholera morbus, when the system appeared to be in a sinking state, after the puking and purging had been subdued, pulse very feeble, some fever, coldness of the extremities, listlessness, tendency to stupor—here this oil in doses of half a dram to a dram every hour, appeared to be a very important remedy. Whether I learned this from books, I do not know, for of the farrago of knowledge now in my head like lumber in a garret, I cannot render unto every Cæsar the things that are his.

With respect to the use of the oil in typhus fever when there is meteorism, diarrhœa, and therefore a probable inflammation of Peyer's glands, it affords a hope which no other stimulus does. And here I cannot but remark, as I did some years ago in the Transactions of our College, that although the indications of these ulcers now existing or impending, appear to be almost infallible, nothing specific is done to prevent or to cure them. They are not an inconsiderable item in the history of the disease; for who knows how soon they may bore through the bowels, so that a patient who appears to be safe, is really on the verge of a mortal symptom? Let us be on the alert and say with Cato—"vigilando, agendo, bene consulendo, prospere omnia cedunt." Hence the present writer suggested to the College in his Report on the Theory and Practice, *Transactions vol. I.* 353, that something ought to be done specifically for these dangerous ulcers and says—"blisters have been found useful excitants and revellents in this disease: we have found them highly beneficial in cases attended by hemorrhagic diarrhœa, would they not if repeatedly applied to the abdomen, derive inflammation from the ileum, particularly if preceded by cups? The mortality of this lesion surely requires a specific interference; we propose then, calomel or hydriodate of potash, as used by Mr. Morrison; sp. terebinthinæ; cups and frequent blisters to the abdomen."

When calomel is given in very small, frequent doses, as half a

grain every three hours, it may be managed so as to cure the local disease without a salivation which is a horrible thing. The hydriodate of potash possibly acts on the local phlogosis specifically, as it was found so highly beneficial by Mr. Morrison. Cups to the abdomen followed by a blister and this kept discharging pus by means of savin or mezereon cerate, surely promises much in theory. *Pars dolens trahit*—there must be a determination of morbid action from the ileum to the skin, when a steady and copious efflux of humours is there maintained. Nay, not merely from the inflamed bowel will the attraction be established, but from the whole diseased body. *Ubi est irritatio ibi fluxus*, is an old motto in such cases; but as there is no pain, no irritation in a blister thus running with pus, I would rather have a motto more suited to the fact and say, *ubi est fluxus ibi morbus exit*. Or you may say of the disease as Cicero did of Catiline, only changing the tense, *abit, excedit, evadit, erumpit*.

With respect to the hydriodate of potash, I will say briefly, that I was lately called to assist Dr. Neville C. Reid in a case of the said typhoid fever—such a case as Stahl's expectation would not cure. I found the Dr. using the hydriodate in doses of 3 grs. every two hours, with little else except a well regulated diet. I encouraged him to go on with the medicine; the fever gradually wore away, and the patient was restored to sound health. Dr. Reid tells me that he has used this medicine in several cases with entire satisfaction.

In the cachectic state of dysentery the very same advantages are obtained from turpentine; but here a very different state of things obtains. In idiopathic fevers, there is something to contend with beside the inflammation, and therefore this stimulus cannot be used till the phlogistic diathesis be much on the wane; but in dysentery, the local disease is paramount; and since this is concentrated in a mucous membrane and has no tendency to a translation, and more particularly since the oil seems peculiarly suited to inflammation of this very organ, it may be given rather early in the disease. Therefore, though its energy appears most conspicuous in the cachectic state, it will be found eminently useful in preventing this state, if given early with all the necessary co-adjuvants.

Nor is it to be neglected as an external remedy. When dili-

gently rubbed on the abdomen, it is soon perceived in the breath and the urine; and of course it is carried to the diseased membrane. I have thus profited much by it in cases where leeches and blisters were not thought requisite.

In bringing this subject before the Society, my intention was, to limit the discussion to its use in that flaccid state of the system, and particularly of the mucous membrane, in which there is a great want of excitability and sometimes and in some diseases, a near approach to a total extinction thereof. This is seen in the low stages of typhus and remittent fevers, in the same stage of yellow fever, plague, puerperal fever, and in the hemorrhage which often attends them, particularly from the bowels. We do not wait for this low state in dysentery because the general fever is fast passing off by the bowels, and the undue stimulus of the turpentine may be carried away therewith.

In the hemorrhage which often attends bilious remittent and typhus fevers and in melæna, I have had such success as leads me to consider it an almost indispensable remedy. I certainly did not rely upon it in bad cases to the exclusion of other potent means, such as ice, blisters, astringents; but by trusting to it in the milder cases and watching its supposed effects in the more severe, I have carefully formed of it a most favorable opinion. In hæmoptysis, epistaxis, wounds, and other active hemorrhagies, I have never tried it, but I have been called to cases of all these forms in which the patients had been using it with apparent advantage.

Dr. Copland in his Dict. appears to recommend it in all hemorrhagies active, passive, and neutre. He says, "it constricts the capillaries of the part to which it is applied," and "when absorbed into the circulation, its astringent effects on the capillaries is very remarkable." "When the dose is large, it reduces the frequency and strength of the heart's action, especially when they are much increased, hence it is an appropriate remedy in the more active forms of hemorrhage, inasmuch as with its astringent action on the capillaries, it weakens the *vis à tergo*. "When given in smaller doses and carried into the blood, it increases the tone and changes or modifies the action of the extreme vessels." "The existence of inflammatory action does not contraindicate its use, for it lowers vascular excitement and prevents effusion and the formation of coagulable lymph, especially when taken in suf-

ficiently large and repeated doses." He cautions however against large doses when the powers of life are much depressed and when the patient has lost much blood.

Dr. Lee, the New York editor of Copland, says, "we have found turpentine one of the most valuable remedies in every form of hemorrhage. It is rapidly taken into the circulation, as manifested by its odour in the urine and breath, and it exercises plainly an astringent effect on the capillaries. It possesses moreover the important effect of operating more promptly than any other astringent, as we have often observed in hemoptysis which had resisted other remedies. With proper precautions it may be given both in the active and passive forms of the disease."

After such commendations as Copland and Lee's, one might suppose there was nothing more to be desired, and yet the praise is not more extravagant than that of John Hunter. He applied it to divided arteries and gave it internally in active hemorrhage as epistaxis and said, "it was the best if not the only styptic." See Braithwaite part xix.—72.

Dr. Chapman commends the oil in hemetemeses, melæna, and in passive hemoptysis; then, as though to arrest the attention of the reader and make upon him an impression not to be forgotten, he turns his beautiful English wrong end foremost and thunders out in Ciceronian diction—"equal proof have I of its use in hemorrhoids, alike restraining the flow of blood and soothing irritation." After such a commendation from such a man, who could be so criminal as to neglect the experiment? Surely when this oil is attainable, no one ought to prescribe sugar of lead which I know from experience does sometimes bring on its own peculiar colic, even when given with acetic acid.

Multa desunt: but I have fulfilled in a measure my first proposition—that turpentine was for a long time neglected, and that when brought into use by some, it was too much neglected by others; and finally I have advanced some authorities for its use, which ought to lead on to further inquiries. The reader will probably say of the present writer as Johnson says of a great poet—"Pope in the chair of wisdom tells us much that every man knows and much that he does not know himself."

BIBLIOGRAPHICAL NOTICES.

A Universal Formulary, containing the methods of preparing and administering officinal and other medicines ; the whole adapted to physicians and pharmacutists. By R. EGLESFELD GRIFFITH, M.D. *Selecta sunt quæ medicum nobilitant.* Linnæus. 8vo. pp. 567. Philadelphia, Lea & Blanchard, 1850.

Much improved and extended. *The Medical Formulary, being a collection of prescriptions derived from the writings and practice of many of the most eminent physicians in America and Europe ; to which is added an Appendix, containing the usual dietetic preparations and antidotes for poisons : the whole accompanied with a few brief pharmaceutical and medical observations.* By BENJAMIN ELLIS, M. D., Late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. *Morbos autem non eloquentiâ sed remediis curari.*—Cels. de med. lib. i. Ninth edition, corrected and extended by SAMUEL GEORGE MORTON, M. D. 8vo. pp. 267. Philadelphia, 1849.

Were we to form a judgment of the relative extent of the two works before us by the length of the titles, we should be led into a grievous error ; for there is no topic treated of in the latter, which is not contained in the former ; whilst in the selection that has been made of the materials, more judgment has been displayed by Dr. Griffith ; and there is a copiousness in his work, which we may look for in vain in his more showy companion and predecessor. In his motto "*selecta sunt quæ medicum nobilitant*," from Linnæus, there is contained a truth too much overlooked, especially by those who are perpetually straining after originality, and are never satisfied unless novel assertions, and startling propositions, are brought forward. How much of our most instructive medical literature consists of the "*selecta*" judiciously made, and attractively presented ! In a combination of art and science, which has existed from primeval periods ; which is founded on an accumulation of observations and deductions—many carefully, others carelessly made by observers and reasoners in all ages—it is as arrogant as it would be impossible for any writer

to attempt to form the science *de novo*; and to discard all that had been done by distinguished predecessors and contemporaries. To attempt, for example, to compose an original practice of medicine or an original treatise on the *materia medica* would be an absurdity. If it were *new*, it could not be a true exponent of the existing condition of a progressive science; whilst it would be a monument of the folly and presumption of its author. Hence it is, that the most valuable works of science, at the present day, are such as have brought together the "*selecta*" from the recorded observations and reflections of all periods. The mass requires to be sifted; the valuable ore to be separated, and the dross to be rejected; and no little skill and judgment is required on the part of him who undertakes the task.

The composer of a formulary belongs to the class of industrious laborers who are esteemed to be engaged in facilitating the onward progress of the *science* or rather of the *art* of medicine; and much of their success must depend upon the mode in which their "*selecta*" are made. We have had strong doubts, however, whether as much benefit has resulted from such works as their zealous authors may have imagined. The fact of one of those before us having passed through *eight editions* is sufficient evidence that they are popular—not on the principle, doubtless, embraced in the motto prefixed to it—" *Morbos autem non eloquentiâ sed remediis curari*"—for by most persons this would be considered a truism; but because they spare the prescriber the trouble of *thinking*. He sees a formula composed for a special malady, and employed by some eminent practitioner—if not eminent in reality, eminent by courtesy—adopts it unhesitatingly; learns to swear in *verba magistri*, and becomes gradually, if not at once, a mere routinist.

We apprehend, that this evil result from formularies is more common than it may seem to be at first sight. There is, in the young practitioner more especially, too great a degree of confidence in the power of medicine,—in the special adaptation of drugs to special morbid conditions: he fancies that he can cure diseases in many cases where his endeavors are impotent, and his interference meddlesome, and perhaps injurious; and he is apt to become the creature of combinations; and to be a drag on the onward course of his profession: for if there be any thing that more

than another weighs on the progress of the science and art of medicine—is fatal indeed to its advancement—it is undue confidence in remedial agents; and defective acquaintance with therapeutical principles. We did not, indeed, require the pages of the works before us to demonstrate how few physicians there are who belong to the *viri prudentes* of Gaubius. “*Medicus vir prudens nihil præscribat nisi cujus sufficientem queat reddere rationem quum requiritur: hinc nunquam tumultuario, sed semper ex indicatione prius ritè deducta agat.*”

The “Formulary of Ellis” has been so long before the public, that we need not attract attention to it much farther than by stating, that the editor in preparing the present edition “has been at great pains to render the work in all respects deserving of continued professional confidence. The utmost care has been bestowed in correcting and extending its several parts, omitting some formulæ and inserting others, and bringing the whole up to the present state of pharmaceutical knowledge.” Yet we think the pruning knife might have been employed more extensively, and without detriment to the work. It would be difficult, indeed, to comprehend the “principles” of combination which have prevailed in the throwing together—we know no better expression—of the heterogeneous assemblage of ingredients in some of the formulæ. As one of the unnecessary preparations we may cite the following:

Enema with Tartrate of Antimony.

℞. Antimonii et potassæ tartratis, ʒj to ʒij,
Solutionis acaciæ tepidæ, Oj. Misc.

This preparation is stated to be “one admirably calculated to overcome constipation which resists the ordinary remedies.” We have sundry objections, however, to it. In the first place, the title is defective. It should be “*Enema with tartrate of antimony and potassa* ;” in the second, in a Latin formula ʒj. to ʒij. ought to be ʒj. ad ʒij. ; and in the third, *Solutionis acaciæ tepidæ* conveys no definite idea to the young prescriber or to any one. We presume it means “tepid solution of acacia or gum arabic:” but, as to the strength, we are left wholly in the dark; admitting, however, the formula to be accurate in language, and intelligible in enunciation, it surely cannot be regarded as worthy of a distinct place in a formulary;—yet it is in that of Dr. Griffith also.

As an instance of heterogeneous combination—*farrago* would be too harsh a term for it—we may give the following ‘expectorant’ mixture:—

“ R. Tincturæ tolutani,	f. ʒiss.
Acidi sulphurici aromatici,	f. ʒss.
Tincturæ digitalis,	f. ʒj.
Vini antimonii,	f. ʒij.
Mellis despumati,	f. ʒiss.
Pulveris glycyrrhizæ,	ʒss.
Aquæ distillatæ,	f. ʒvj.

Fiat mistura.”

In this formula we have one *excitant expectorant*—tincture of tolu; two *demulcent expectorants*, honey and powdered liquorice; —[why *powdered* liquorice when we have the *extract*?]—one *pure sedative*—tincture of digitalis; a grateful *acid*, but why introduced we know not; the aromatic sulphuric acid; and a *sedative* diaphoretic, the vinum antimonii;—but the merest tyro in chemistry is aware, that sulphuric acid and tartrate of antimony and potassa are incompatible in the same prescription; and that the author of the combination, who manifestly supposed he would have the effects of both, could not possibly have those of either; but of a compound of whose very existence he was in unquestioned ignorance. The formula is little or not at all more philosophical than the administration of sulphuric acid and acetate of lead at the same time, but in separate vehicles, in a case of hemorrhage—used, as we have known it, under the idea that each agent, singly, being astringent, when united they must necessarily be more efficacious! Not an idea was entertained by the blissful ignoramus, that an insoluble and inert sulphate of lead was formed, which could not possibly have any therapeutical agency.

But we have said as much as our space will permit of the ‘Formulary’ of Ellis; and will only add, that the nomenclature has been improved; and made to approximate more to that of the Pharmacopœia of the United States. There is still room, however, for farther improvement in this respect. For example: *Infusum* is now appropriately used for the product of *infusio* or the act of infusing; and hence we say *infusum sennæ*, not *infusio sennæ*, (p. 50;) as *præparatum* is employed for the thing prepared; *præparatio* for the act of preparing. We would suggest likewise, that if we apply the term at all to the pubes of dolichos (*mucuna*)

it must be *spiculum*, not *spicula* (p. 108.) We know of no such word as *spicula* for a small spike or dart :—that *vitellis unius ovi* (p. 144,) should be *vitellum* ; and in like manner *vitellum ov. ij.* should be *vitella*. The school master is now abroad in the profession, and these linguistic matters ought to be attended to, especially as books, like those before us, are more referred to by the younger than by the older practitioners.

The sphere embraced by the Formulary of Dr. Griffith—as the epithet ‘universal’ imports—is more extended. The design—as announced by the author—is “to present a compendious collection of formulæ and pharmaceutic processes, with such additional information as may render it useful to the physician and apothecary ; and the principal aim has been to select materials most generally applicable, and of practical utility. The sources from which they have been derived are very numerous, as will be seen by a reference to the various authorities cited.” We wish that Dr. Griffith had given us the titles of the works from which his formulæ have been selected, rather than a mere allusion to their authors. The bibliography of formularies is rich and copious ; and our French and German brethren have been exceedingly prolific. Whether this be an evidence of their greater advancement in professional knowledge may admit of question. Our own mind has been long made up on this matter ; but others may not agree with us. We think, that where numerous formularies prevail, it is rather an evidence of a want of self-reliance, and *that*, perhaps, dependent upon imperfect knowledge, and an undue deference to the “ words of the master.”

A large amount of useful and selected matters, well arranged, with the original observations of the author interlarded, is made to precede and follow the Formulary proper : among these are the subject of weights and measures, domestic and foreign ; specific gravity ; temperatures ; vocabulary of words employed in prescriptions,—the less needed by the way, in the work before us, owing to Dr. Griffith’s having adopted a course, which will be lauded by some and condemned by others, of giving all the ingredients of the formula in the vernacular ; observations on the management of the sick room ; doses of medicines ; rules for the administration of medicines ; management of convalescence and relapses ;

dietetic preparations; list of incompatibles; posological table; officinal preparations and directions; bloodletting; poisons; index of diseases and their remedies, &c. &c.

Dr. Griffith's formulary—unlike that of Dr. Ellis—is arranged alphabetically, “according to the pharmaceutic names adopted in the United States Pharmacopœia; but in each formula the English appellations for the articles composing it are used, and the quantities of these ingredients are expressed in words, and not in the usual pharmaceutic signs.”

To a certain extent the objection already made to the formulary of Dr. Ellis, applies, however, to it. Numerous unnecessary and badly compounded formulæ are inserted; and a dangerous polypharmacy is encouraged, which the good sense of intelligent observers is now every where discarding. Imagine, for a moment, the rationale of such a preparation as the “*Compound Tincture of Opoponax*,” (p. 304,) recommended by Brera, an Italian physician, as an application to foul venereal ulcers;—opoponax itself not being admitted into the Pharmacopœia of the United States; and not an allusion made to it in our dispensatories as an external remedy.

R.* Round birthwort,
Long birthwort,
Orris root, each half an ounce,
Opoponax,
Sagapenum, each two drachms,
Guaiaicum, four scruples,
Cloves, two drachms,
Camphor, three drachms,
Alcohol, ten ounces.

Macerate for twenty-four hours, and filter.

We plead guilty to consummate ignorance in regard to the principles of combination, if any such there be, that suggested this formula; and it is only one example of the endless permutations that might load the books, provided the crude notions of every prescriber were recorded. This, we doubt not, has received the name of ‘Brera's Compound Tincture of Opoponax,’ in the same way as the names of different respectable physicians have been

* If Dr. Griffith discards the technical Latin names in his formulæ, why does he retain the cloven foot of Jupiter, which now means *Recipe*?

attached to other formulæ for venal purposes. Aloes has been a god-send to the pill-inventors. A larger or a smaller proportion of the basis, with this or that adjuvant; and a variety of corrigents and excipients, has given occasion to the admission into the 'Formulary' under notice, of Anderson's, Barthez's, Becker's, Chapman's, Duchesne's, Frank's, Fuller's, Griffith's, Hooper's, James's, Lady Webster's, Mitchell's, Morrison's, Peter's, Pitts-schaft's, Speediman's, and Whytt's pills,—a motley assemblage of the names of eminent physicians, a titled lady, and numerous arrant empirics.

It is unfortunate that the names of respectable members of the profession should ever be permitted to be attached to such formulæ. How are the unprofessional to discriminate between the pills of Morrison the empiric, and of Hooper the respectable physician; and then the transition is so easy to the elixir of McMunn, the panacea of Swaim, and the drops of *Lignum*—for so an arch empiric of the name of *Wood* disguised his patronymic—that the landmarks between science and empiricism are destroyed, or overlooked; and a tendency is given to the latter even by those who would hesitate to prescribe a secret remedy, and be startled at the idea that they could be esteemed encouragers of quackery.

On the whole, it will be inferred, that we are not over-favorable to formularies; but if they are to exist—and we do not suppose that any prepossessions of ours will diminish their number—we think the one of Dr. Griffith is worthy of recommendation, not only on account of the care that has been bestowed upon it by its estimable author; but its general accuracy, and the richness of its details, which to him, however, who relies wholly upon it, can scarcely fail to prove *un embarras des richesses*.

The History of the Cholera in Exeter in 1832. BY THOMAS SHAPTER, M. D., Physician to the Devon and Exeter Hospital, &c. 8vo. pp. 297. London, 1849.

This account of the first epidemic of cholera in Exeter includes many details, which, although of historical interest to the people of that city, do not require special notice here. Notwithstanding the disease had given timely warning of its approach, and a panic fear of it existed throughout the community, there

were but few effectual measures of precaution adopted, before it actually arrived. Thus, the multiplicity of nuisances, the want of underground drainage, the insufficient supply of water, the want of hospitals for the sick and suitable places of interment for the dead, were discovered too late to be remedied, with any prospect of arresting the progress of the disease. The natural position of Exeter is particularly salubrious. It is situated upon the side of a wedge-shaped hill, with a broad river flowing at its foot, and enjoys a mild and genial climate; but at the same time it is a very old city, closely and irregularly built, with narrow streets and projecting upper stories. Nuisances of the most offensive kind, we are told by Dr. Shapter, had been allowed to accumulate for years, and even with the daily expectation of the approach of the cholera, many of the inhabitants objected strongly to the removal of such of them as were a source of profit. The disease prevailed most extensively in the older part of the city; that portion, which, from the lowness of its situation, the closeness and filth of its streets and houses, and the misery of its inhabitants, was most likely to favor its spread. The great prevalence of the disease in those quarters bordering upon the river, and the comparative immunity enjoyed by the higher and more open modern town and suburbs, are admirably shown by a map, accompanying Dr. Shapter's book, in which the spots visited by the cholera are marked by red lines; these form uninterrupted rows in the lower and thickly populated portion of the city, but are few and scattered, along the wider and more airy streets. It appears that some hope had been entertained by the authorities of Exeter, that the disease might be excluded by a strict enforcement of quarantine regulations; but while its entrance into the port was thus hindered, it introduced itself into the city by other unguarded avenues. The first cases occurred in persons who had arrived respectively from London and Plymouth, in both of which places the cholera was prevailing. One had been suffering for some days from the premonitory diarrhœa, the other had nursed a patient who had died of the cholera. During the first week, after the occurrence of these cases, it did not diffuse itself to any great extent, a few cases only occurring daily; "but from this time to the commencement of the next fortnight, it rose rapidly and continuously to its height, then gradually subsided, and in about a

month afterwards, had, as a prevailing epidemic, passed away." The population of Exeter was at this time about 28,000. The total number of cases from the 19th of July to the 27th of October, was 1,135, and the deaths during that period, 345. "The whole of the deaths," Dr. Shapter says, "were not returned, as will subsequently be shown, and the daily numerical returns record many deaths, not previously reported as cases," but we cannot find any correction afterwards of these errors. Every one is aware of the sources of error in cholera statistics, and although when these are collected from different and numerous sources, it may be assumed, that the errors in one report neutralize those in another, yet taken singly, they offer a very fallacious basis for induction, and particularly as to the rate of mortality. But a full consideration of this important subject would lead us into too large a digression, we therefore return to the general results deduced by Dr. Shapter from his statistics. The general impression, that, as the disease numerically declined, its malignancy or fatality diminished in like proportion, is not confirmed by his observation. He finds that the rate of mortality, through the whole course of the epidemic, was constantly about 35 per cent. Nor is it true, according to these results, that other diseases subsided as the cholera advanced. Excluding the few deaths, which occurred after the 19th of September, the deaths from cholera were 336, those from other causes 90, or 45 per month, the average mortality in other years being about 50 monthly, so that the deaths from cholera seem merely to have been superadded to the ordinary mortality. We are not informed, how many of these other cases were due to bowel diseases. The influence of age, appears from a carefully constructed table, to be, that "during infancy, the mortality is rather above that which takes place between the ages of 10 and 35, when the deaths are by no means numerous, and that, after the age of 35, there is a constant increase in the relative amount of mortality, but, that its greatest proportionate amount takes place after 55 years of age." Hence the mortality is the greatest at the two extremes of life. With regard to the mode of propagation of epidemic cholera, Dr. Shapter states, that after a full consideration of the controversy, he has "arrived at the conclusion, that the Asiatic cholera is essentially an epidemic, originating in and chiefly due to ærial influences, but capable, under peculiar and rare conditions, of being transmitted from man to

man." We feel inclined to pass by speculations upon the origin and nature of cholera, of which we have had lately a sufficient quantity, but Dr. Shapter alludes here to one fact which is of particular importance in a practical point of view, viz: that the collapse is not due to the loss of fluid by the intestinal canal, for in some instances, and those indeed usually the most rapid and fatal, there was no diarrhœa of consequence. This fact is not satisfactorily explained, by alleging that the liquid effusion is, in these instances, retained in the bowels, as this is never so abundant as to account for the collapse. We venture to assert, that in many cases of watery diarrhœa there is more liquid poured out from the bowels than in many of the most malignant cholera. Dr. Shapter, indeed, goes so far, as to advance, that the choleraic discharges may be beneficial by an elimination of the "*materies morbi*," a supposition, which might now be very consistently maintained by the believers in the "*cholera fungi*." The nervous system, or that particular portion of it termed the sympathetic system, is considered by our author, to be the portion of the economy which receives the first impression of the epidemic influence. All the prominent phenomena of the disease can be beautifully explained by this theory, and there may be very good reason to believe, from what we know of the functions of the sympathetic system, that it is implicated seriously in the attack; but, however ingenious the supposition, it is a mere diversion of the mind, having no practical bearing. For whether it be the nerves or the blood-vessels, or the blood itself, or the bowels, which are first "disordered," we need not stop to inquire; the sick man calls for aid, and happy is he who can resolutely say, *this medicine* has cured another, it *may* save you! Certainly, if there is any disease, before which the impotence of theories, as therapeutical indications, is demonstrated, that disease is the Asiatic cholera. It will not be necessary for us to extract Dr. Shapter's account of the general treatment pursued in Exeter; it is what is called a rational one, because it holds fast to the results of the "*juvantia et lædentia*" in other morbid states, which offer a greater or less similitude to the cholera.

We will therefore close this brief and imperfect notice of a work, which is evidently the result of a great deal of laborious perseverance, by recommending its perusal to all those who are desirous of collecting historical facts, in reference to a subject of so much

interest as that of epidemic cholera ; since it contains, besides the points which we have noticed, much that is deserving of attention even from the unprofessional reader. M. S.

Transactions of the American Medical Association.

Vol. II. pp. 956.

(Concluded.)

REPORT ON MEDICAL EDUCATION.

This able report is, we presume, from the pen of Dr. F. Campbell Stewart, of New York, and embraces a discussion of the following topics :

SECT. 1.—An examination into the general condition of Medical Education in the United States, in comparison with the state of medical education in other enlightened nations ; noticing, as occasion may call for, the courses of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the number of pupils and of graduates at the several Medical Institutions in the United States.

SECT. 2.—The requirements of the United States Army and Navy Boards of Medical Examiners.

SECT. 3.—The legal requirements, exacted of medical practitioners in the several States of the Union.

SECT. 4.—Such measures, prospective or established, in reference to Medical Education and the reputable standing of the profession, as may be deemed worthy of special consideration.

To these will be added a fifth section, to comprise the consideration of certain matters not contemplated by the constitution, and which were specially referred to this committee.

It is our purpose to consider each of these several subjects separately, and we shall do this in the order in which they have been arranged.

Without following the committee through the first three sections, which may be considered as preliminary to the fourth, or to that which considers "such measures prospective or established in relation to medical education, and the reputable standing of the profession, as are deemed worthy of special consideration," we shall devote the few remarks we have to make on this report to this section.

It is to this branch of the question, that the minds of the profession are chiefly directed. The necessity of a progressive reform in our systems of medical education, is, we think, as deeply felt by the great mass of the intelligent and thinking portion of the medical men of the United States, as it was at the commencement of the movement, which resulted in the institution of the National

Medical Association. It is in fact to a wide spread conviction of growing errors and defects in the management of medical colleges, that the Association owes its existence; and the most prominent topic which occupied the attention of the first convention in New York, was that of medical education, in connection with the facility of obtaining diplomas, from corporations existing independent of the medical community, and irresponsible to it.

Two methods of correcting these evils suggested themselves to the friends of reform; one was, to seek the improvement of existing institutions, by certain recommendatory resolutions, and thus to elevate the standard of medical education, and render the diploma more valuable to its possessor; and the other, for the profession to take into their own hands the power of granting degrees, independent of medical colleges, and to receive into their ranks only such as had submitted to an examination by a Board of Examiners, who received their authority from the suffrages of their medical brethren, organized into State or County Medical Societies.

The former plan was deemed most advisable. It was argued, that recommendations coming from the assembled wisdom and intelligence of the profession, having for their object the improvement of medical education, would possess a weight and authority, which the colleges could not fail to respect, and that the professors in these institutions, some of whom were amongst the most eminent medical practitioners of the country, would cheerfully co-operate in any measures which might promote this desirable object, irrespective of their private interests.

The principal measures, recommended by the Association for this end, were:—

Firstly. The requirement of a more thorough preliminary education, from young men about to engage in the study of medicine, than has heretofore been requisite.

Secondly. The extension of the lecture term from four to six months.

Thirdly. A uniform and elevated standard of requirements for the degree.

Fourthly. The devotion of more time to clinical lectures, and study at the bed side.

Fifthly. More attention to practical anatomy and practical pharmacy.

To report how far these recommendations have been complied with, and thus to present an index of the progress of medical improvement, constituted the chief motive for the appointment of a permanent committee on Medical Education.

In regard to preliminary education, the committee believe that, owing to the rivalry of medical colleges, the facilities granted for obtaining diplomas, together with a want of a feasible plan for the accomplishment of the desired end, it has come to be entirely disregarded. To remedy this glaring defect, the committee propose the institution of "Primary Boards of Examiners," as recommended by the Medical Society of the State of New York.

These Boards are to be created by state and local medical societies, and their certificates of the qualifications of students to enter upon the study of medicine shall be required prior to their reception into the offices of practitioners or teachers.

In regard to the extension of the lecture term the committee remark :

"It affords us pleasure to inform you that the recommendations of the Philadelphia Convention, in regard to the *lengthening of the lecture term*, have been responded to by several of the most important and flourishing among the colleges; many of which have not only added to the length of the regular course, but given in addition a preliminary and gratuitous series of lectures.

The advantages arising from this improvement in our system are evident, and we are most happy to find that the apprehensions of those who feared that students would not consent to an increased tax upon their time, have not been fulfilled. The classes recently in attendance at those colleges which have extended the term, bear the same proportion to those of the colleges that have made no change as they formerly did, and in some instances they have been larger than ever. While we record the fact of the partial success of this innovation, and announce to you our belief that it meets with the approval of a large majority of the profession throughout the country, we regret to learn that, at one or two institutions, the enlightened Faculties of which were among the first to adopt the recommendation, a return to the old period of four months has been decided upon. This circumstance we regret the more, because we conceive that the period of one session was scarcely sufficient to test the matter fully, and because it may occasion hesitation and delay in other bodies that were about to make the change.

The attendance by students upon a term of six months is a reasonable exaction; it is only two-thirds of the time required *everywhere else than in this country*; and experience has shown that it is impossible for professors to impart the instruction that they are required to give, in a shorter period, without crowding and condensing to an extent which precludes the possibility of satisfactory and comprehensive illustration.

We feel convinced that it must ultimately prevail, and all that is wanting to insure its immediate and general adoption, is concert of action on the part of the colleges. We are satisfied that objections will not be raised by the student, when he is made fairly to understand that the change is principally for his advantage and convenience."

Upon the subject of elevating the standard of qualifications for a degree the committee are equally explicit.

"The importance of imposing additional restrictions upon students and practitioners, and of elevating, as far as practicable, the standard of education, should be admitted by all who are at all familiar with the subject.

It has been shown that, during the last five years, there have been graduated, annually, as many as from one thousand to fourteen hundred, by the colleges whose returns have been given, alone; and it is computed that as many as sixteen hundred diplomas are granted every year by the medical schools of the country. The number of candidates rejected is so small as scarcely to bear an appreciable proportion; and it is well known that not only many of the unsuccessful applicants for degrees, but also many of the students who have attended only one course of lectures, and never applied for an examination, enter at once upon the active duties of the profession, and engage in practice.

These are recognized and held by the public in the same light as regular graduates. The consequence is, that their want of general and professional knowledge, which is often manifested in courts of justice and elsewhere, reflects directly upon the profession of which they are supposed to be *bona fide* members, and tends materially to bring it into general disrepute. Nor is this want of a proper education confined exclusively to those who are possessed of no diploma.

We regret that candor and justice compel us to admit, that the most deplorable ignorance and unfitness for the responsible duties of a physician are often exhibited by those who hold the diploma, and who are thus endorsed as being qualified and competent. This fact is so notorious, that it would be a waste of time to cite instances in support of it. We may, however, assert, upon our personal responsibility, that we have known more than one graduate of some of our colleges, who could neither translate the Latin of his diploma, nor yet write and speak his own language correctly! The records of the army and navy show us how small a proportion of candidates for medical officers pass a satisfactory examination and are approved; and yet, nearly all of these are graduates in medicine, for the most part fresh from their studies, and subjected, not to a rigorous, but a fair and impartial examination."

The deficiency of hospital clinical instruction in our schemes of medical education, and the substitution in some of the medical colleges of what are termed "college clinics," for bed side instruction in hospitals, are condemned by the committee in most unqualified terms.

We were scarcely prepared for the assertion made by the committee, that "there are, comparatively speaking, but very few institutions in the country, whose rules require attendance upon bed side practice prior to graduation."

This deficiency the committee attribute to two causes.

"The first, is the circumstance of its not being generally insisted upon, and made obligatory; and the second, because so many subjects are taught in a very limited period of time, and so many lectures to be attended to, and prepared for, that the young men have, in reality, no time to devote to additional duties."

Upon the subject of college clinics the committee hold the following language:

"An attempt has been made within the few last years to afford a substitute for hospital attendance, by introducing what are called "College Clinics," and thus enabling professors to exhibit and explain to their students such cases of disease as may be presented for out-door treatment. That this system is better than no clinical instruction at all, we freely admit; but that it should ever be permitted to take the place of hospital attendance, when the latter can be procured, we contend to be wholly wrong. It is impossible for students to derive that advantage which is expected to result from witnessing the consecutive treatment of cases, by seeing persons affected with disease once or twice only, without being able to watch the effects of the medicinal agents employed, and the final result. There is another objection, likewise, to this imperfect system of clinical teaching which is worthy of consideration, as it affects the whole profession, and particularly those members of it whose practice is confined principally to the middle and lower classes of society, and whose business lies chiefly with that class of the community which is unable to pay a full compensation for medical services, and yet can easily afford some remuneration to their medical attendants. It is known to your committee that numerous individuals so situated, and well to do in the world, are in the habit of resorting to the clinics of the schools to obtain, gratuitously, advice for which they are fully able to pay. Thus a direct and positive injury is inflicted upon a large and deserving class of our brethren, whose means of livelihood and pecuniary receipts are proportionally curtailed.

We concur unanimously in the opinion that they present no adequate equivalent to the student, when resorted to as a substitute for actual hospital attendance, while, at the same time, they are a direct source of injury to many deserving members of the profession."

In regard to the study of practical anatomy, we are informed by the committee that a most glaring deficiency exists in some of our medical colleges, which even announce in their published circulars,

“that attention to it will not be made obligatory upon those who enrol themselves as their pupils.”

Attention to practical pharmacy is equally disregarded, though this is often taught in the offices of country practitioners, where the preceptor requires the aid of his pupils in preparing and putting up medicines.

The committee justly regard attention to this department of medicine, of the greatest importance, and recommend the course adopted in Edinburgh as worthy of imitation; viz., “that prior to receiving his diploma, every candidate should be required to produce evidence of his having been engaged, during a period of at least three months, in compounding medicines, either in his preceptor’s office, or in the shops of recognized apothecaries, members of a college of pharmacy.”

In the admirable scheme of private instruction devised by the late Dr. Parrish, under whose guidance some of the most distinguished medical men of the country commenced their studies, *six* months in the shop of a scientific apothecary was regarded as an essential preliminary to a thorough medical education.

The last subject discussed by the committee, is “the propriety of establishing independent Boards of Examiners, for conferring licenses to engage in the active practice of medicine and surgery.” In this matter the committee concur in the opinion, that the profession require protection, and they regard legal measures as the only effectual means of securing it.

The following extract from the report exhibits some of the grounds upon which this conclusion is based:

“It appears to us that there are but two courses to be pursued to insure the public and the profession that protection which both are entitled to claim and expect: the one is through the profession itself, and the schools; and the other through the law.

So long as charters for medical colleges can be obtained with the facility which is now afforded, and so long as professorships continue to be sought after, not only for the direct profits which they yield, but also for the indirect and valuable advantage which they offer by enabling those who hold them to become extensively and favourably known, thus leading to the attainment of business and distinction, every inducement will be held out to young men to engage in the study of the profession—and rivalry and competition among the institutions themselves, to obtain popularity and large classes, must lead inevitably to the cheapening of the degree, and a lessening of the requirements for obtaining it. We all know that the reputation and success of an

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institution are proportionate with the size of its classes, and the number of its graduates. Hence, every means is resorted to for obtaining the foremost numerical position. The degrees from all the colleges confer the same rights, and yield similar honours: the public look only at the parchment, and make no distinction as to the source whence it was obtained. This being the case, no inducement is held out to the teachers to impose adequate restrictions upon their pupils, and none is offered to the pupils themselves for incurring more trouble and expense than may be absolutely necessary for obtaining the doctorate.

We think that no material and lasting good can arise from an elevation of the standard of requirements by one or two colleges alone. The only manner in which the desired end could be obtained would be, by the coöperation of all the colleges, in the establishment of a uniform curriculum;—and is this practicable? Can it be expected that rival institutions, possessing a great diversity of interests, and unequal facilities for teaching, will unite in a general scheme, which would have the effect of concentrating students at such colleges as are in reality best prepared to impart instruction? We unhesitatingly answer in the negative—it is useless even to ask it. But let each State of our Union authorise the establishment of a board of disinterested examiners, who shall have no direct interest in view, and the obtaining of whose certificate shall be always obligatory, prior to permitting an individual to engage in practice, and a direct check is at once imposed, which will make it to the interest of the schools to raise their standard to the level of that established by the licensing boards, and a fair and just rivalry will then commence between the colleges, as to which shall impart the requisite amount of information in the shortest space of time, and at the least expense to the student.”

How far the conclusions of the committee will be sustained by the future action of the Association, is yet to be proven. It must be confessed, that the measures, so auspiciously commenced for imparting to the schools a higher tone of instruction, and a deeper sense of their responsibility in granting the degree, have not, thus far, been as successful as the profession had reason to expect. To this fact the report before us, bears ample evidence. But few of the medical colleges have made any important changes in their curriculum of studies, while others have adopted regulations altogether at variance with the expressed sentiments of the Association. It is to be feared indeed that some of these institutions are disposed to act independently of the profession, and to pursue such course, both in the education of their students, and in the granting of the degree, as their own judgment or their supposed pecuniary interests may dictate. That such corporations have a right, under the laws of the land, to adopt this course, cannot be questioned, while the duty of the great body of the pro-

fession to protect themselves and the public against what they conceive to be an injurious and degrading policy, is equally clear and imperative.

The plan proposed by the committee, emanating as it does from gentlemen of high character, specially selected to examine into this important and difficult question, is at least entitled to the most respectful consideration from the body who intrusted to them this duty.

The committee have not failed to perceive the difficulties attendant upon the organization of independent boards of examiners, in the several States, invested by law with the power of granting the degree. They foresee impediments which may arise on the part of medical colleges which in many of the States now exclusively exercise this prerogative. But inasmuch as legal restrictions to the practice of medicine are rarely imposed, and as irregular practitioners without diplomas may and do practice with the same facility as those who hold them, it is suggested that the right to practice conferred by these charters is in fact of little practical value; and that the educated and high minded men who occupy the chairs in many of our medical colleges, would readily yield to the general voice, and abandon a valueless prerogative, especially if they could see that by so doing they would be advancing the general welfare.

Embarrassments might also arise in carrying out the details of the plan proposed by the committee, even admitting that the principle upon which it is based, is recognized by the state legislatures; but these are not insurmountable if the question is seriously entertained, and if the united influence of the profession is brought to bear upon its accomplishment.

In the State of New Jersey, Examining Boards appointed by the State Medical Society have long been in successful action, and no physician can be admitted into medical fellowship in that state, or can be invested with a legal right to practice there, unless he holds a license from such a Board. The consequence is, that in no state in the Union, is the medical profession more respectable and better informed, and in none does quackery find less encouragement.

Appended to the report are two papers, one from the medical faculty of Harvard University in opposition to extension of the lecture

term beyond four months, and the other in favor of this measure from a special committee appointed by the Association to sustain the course of action which it has uniformly recommended, as an important means of improving our systems of medical education.

The length to which our remarks have extended, will preclude an examination into the merits of these able papers; while we cannot withhold our regret that the medical faculty of one of the most renowned institutions of learning in the country, should be found arrayed against a measure which the general voice of the profession had so formally sanctioned: we fear that this course will encourage inferior schools in continuing their imperfect courses, and even in further curtailment, if they deem it important to their interests.

With these observations we must take leave of the volume of Transactions, without even a passing notice of the other and varied contents which enrich its pages. The vexatious delay which has so far prolonged its appearance, (for which the committee of publication are not responsible,) will we trust be avoided in future. In consequence of it, little time has been afforded for the perusal and study of the many valuable papers which the volume contains, by the great mass of those who are intimately interested in these proceedings. We trust, however, that the work will meet with the reception which it so justly merits, and that it will find a place on the shelves of all the thinking and active practitioners throughout the Union.

Half Yearly Abstract of the Medical Sciences. By DR. RANKING, Vol. X. July to December, 1849. Lindsay & Blakiston.

To the enterprising publishers, Messrs. Lindsay & Blakiston, we are indebted for the reprint of this invaluable periodical, containing a digest of the Journals both foreign and domestic. The large amount of useful matter, and the extremely low rate at which it is afforded, cannot fail to recommend it to the profession.

Part 1st devoted to Practical Medicine, Pathology and Therapeutics, is divided into five sections. Section I. General pathology. Section II. Diseases of the nervous system. Section III. Diseases of the respiratory system. Section IV. Diseases of the chylopoietic system. Section V. Diseases of the genito-urinary

system. Part 2 is devoted to Surgery, and contains four sections, viz: Section I. Symptomatology and diagnosis of surgical diseases. Section II. Nature and causes of surgical diseases. Section III. Nature and treatment of surgical diseases. Section IV. Rare surgical cases. Part 3 contains an excellent digest on the subject of midwifery and the diseases of women, and on the diseases of children. In addition to these, are Reports on the progress of Medicine, Pathology and Therapeutics, by the editor. A Report on the progress of Surgery, by C. Lockhart Robertson, M. D. A Report on Midwifery and diseases of women and children, by the editor, and a report on Psychological Medicine by the editor. This analysis of the volume will give some idea of the variety and extent of its contents, and to those not having access to the large number of journals at the command of the editor, it may be said, that they have in this carefully arranged periodical the *cream* of them all.

Report of the Pennsylvania Hospital for the Insane, for the year 1849. By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution. Published by order of the Board of Managers.

The report of Dr. Kirkbride represents this institution in a most flourishing condition. During the past year additional buildings have been erected, and increased accommodations and facilities for classification afforded, that place it in the front rank of similar institutions. It now contains sixteen distinct wards—eight for each sex—and ample room for 200 patients, and all the attendants whom it may be desirable to employ in their care. The whole number in the hospital during the year was 408, and the average number under treatment during the entire period was 210.

Notwithstanding the presence of cholera in our midst, and indeed to a fearful extent in an institution within sight of them, not a single case occurred in the Pennsylvania Hospital for the Insane, nor indeed a single case of acute sickness; a fact which speaks volumes for the admirable hygienic arrangements of the institution, and the unwearying vigilance of the medical officers. We have on a previous occasion, like the present, taken occasion to present to our readers a review of the past history of the insane department of the Pennsylvania Hospital; at no time did it ever exhibit a more prosperous condition or more extended means of

alleviating the sufferings of this most interesting class of sufferers, than it does at this period under the fostering care of its able superintendent; and we wish that time and space were now allowed us again, to lay before our readers the valuable information in regard to buildings, warming, ventilation, and the various details of moral and other treatment contained in this report; but as this cannot be done, we cannot do better than refer them to the Report itself, with the assurance that they will be amply repaid in its perusal by seeing all that has been and is doing for the relief of the insane.

Charge to the Graduates of Jefferson Medical College of Philadelphia, delivered at the public commencement, held March 9th, 1850. By J. K. MITCHELL, M. D. Published by the Graduating Class.

The Charge of Professor Mitchell, gives an interesting history of the early establishment of Medical schools in Philadelphia, as far back as the year 1765, the first being the medical department of the "College Academy and Charitable School of Philadelphia." It details the founding of the University of Pennsylvania in 1779, in which the old school was merged; of their separation again by legislative enactment in 1789, and of their final union in 1791 under the title of the "Medical Faculty of the University of Pennsylvania." The History of Jefferson Medical College from its foundation in 1824 till the present date, is also briefly given, together with some valuable statistics, from which we learn that,

"For the last seven years, the whole number of matriculants has been 3,184, making an average annual class of 454, whilst the annual average class of the oldest and most distinguished school of our country is 455. Our average class for six years, is even higher than that, being 474; whilst the highest average for the same time, in any other school, is 461. It is gratifying to us to perceive from these statistics, that our success has not retarded the progress of our eminent rival, whose average class is steadily on the increase, never having been so high as it is now, in any other six consecutive years of its brilliant existence."

At this particular juncture, when shoals of graduates are emerging from their chrysalis state, it may not be amiss to show by figures, that the danger of being overwhelmed with doctors, which seems to be so much dreaded by the community, is not so imminent as they suppose. By comparing the statistics of Professor

Mitchell with those of Professor Tucker, in this number, the views of both, and the close approximation in the calculation of two careful statisticians, cannot fail to strike the reader.

"The number of medical men in the city and suburbs of Philadelphia is four hundred and ninety-seven; which, supposing the population to be three hundred and fifty thousand, gives one physician for seven hundred and four persons—a proportion about equal to that of the capital of Prussia. If we suppose that the same proportion extends to the country at large, there should be, in a population of twenty-two millions, thirty-one thousand two hundred and fifty physicians. This result is singularly confirmed by the fact that a great publishing house in this city distributes a gratuitous medical monthly paper to upwards of thirty thousand physicians, of whom it has the names and addresses. If each of these physicians continued to practise until he died, and if none of them abandoned the profession, from indolence or the temptations of more lucrative occupations, and if professional exposure and unhealthy places did not exalt the proportional mortality beyond that of the most salubrious residences, four hundred and thirty-nine physicians would die annually in the United States. If we suppose that old age, bad health, the seductions of other employments, and the acquirement of a competency, may carry out of the profession not more than two individuals of every one hundred, or two per cent., the profession will, from all these various causes, lose six hundred and twenty-five persons annually. The increase in the population of the United States by birth and immigration, amounts now, to not less than seven hundred thousand souls annually; for whom, according to the rate assumed, there will be required not less than nine hundred and ninety-four doctors. Thus then, to supply the loss by death, by desertion, and by the annual increase of population, there should be created every year, two thousand and fifty-eight graduates. But the army and navy are to be supplied with physicians, and there must be a large migration of medical men into the newly-acquired territories of the nation. Adventurous physicians are also scattered over the world. One of my private pupils is practising medicine in China, another at Manilla, and a third in California, while two of them are seeking for knowledge in the capital of France.

A great number, perhaps a tenth, of the existing practitioners of the United States, who are among the enumerated 31,250 doctors, are, by ignorance, totally unfit for the duties which they have assumed. They have never seen a college, and many of them have scarcely entered a school of any kind. To supersede such men would demand the creation of at least three thousand graduates in medicine. To say, therefore, that twenty-five hundred physicians should be annually created would be to make an assertion much within the bounds of truth.

A reference to the statistics of the medical schools of the United States, made by an able committee, to the National Medical Association, in May last, shows that the mean number of graduates for the last five years, was twelve hundred and eighty-three, the greatest number

being, in any one year, fourteen hundred and twenty-one, and the least, one thousand and thirty-one.

Thus you perceive that scarcely half as many persons receive a degree in medicine, as the wants of the country demand, and that the growth of empiricism is unhappily on the increase, because the expenses of a medical education place its proper attainment beyond the reach of most of the practitioners of the country, or because the masses are not yet sufficiently educated to perceive the priceless value to the community, of a well-instructed physician."

We cordially commend this document to our readers, as it contains much valuable information, and return our thanks to the Professor for the pleasure we have found in its perusal.

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL, 1850.

The following choice extract from a distant country paper* was sent to us by a friend for our perusal. It is too good to be entirely lost, and we therefore present it to our readers, albeit slightly shortened in its fair proportions. It would seem that the sovereign people are beginning to be awake to their "doctoring" necessities, and evince a laudable desire to diminish the want above expressed by Dr. Mitchell, by filling up the vacuum at the shortest notice and with such material as they have at hand.

Milledgeville, Feb. 13, 1850.

* * * * But let us go back a few days, to Saturday last, which, if I mistake not, was the 9th, and into the other branch where dignity is only disrespected—when dignity would be a bore. The bills of the House of the first and second reading had been discharged, and the Secretary had taken another order. Bills which had been committed to the Committee of the whole, and in the course of the order, one was taken up "to license one Stephens, of Gilmore County, to practice Medicine without license." Dr. J. R. Smith, when the bill was read, moved to postpone it indefinitely—he was opposed in principle to the enactment of any law of the kind; under the present general law men were required to familiarize themselves with diseases and reme-

* The Daily Constitutionalist, Augusta, Ga.

dies, with the general rules of the science, and undergo an examination by a board of experienced and erudite Physicians appointed for that particular purpose, who should pass upon their qualifications, before they were allowed to manœuvre with the delicate machinery of man's constitution. Health was a jewel beyond all estimation, and the laws had wisely guarded it as far as law could, from the injuries of empiricism; and that this bill proposed an injustice to that class of men who had devoted time and treasure to prepare for the responsible duties of a physician. It would bring in competition which would degrade the profession and lower the standard of excellence by which that class were wont to be judged; and compromise the position which the people had a right to expect the Legislature would give to those who were to minister to their infirmities. That no man should be allowed to put himself upon a community as skilled in medicine, unless he had been found so, as by the very act he might, in critical cases, be trusted to the ruin and death of worthy and excellent citizens. He considered the measure inexpedient, as it inevitably would establish a precedent likely to defeat the wise ends which the present law proposes to accomplish, and open the way to endless petitions of a like character. We cannot pursue the argument further, as it is alien to the purpose of this letter, but we consider his views sound and very appropriate.

Mr. Edmondson agreed with the Senator from the 21st, but hoped his motion would not prevail, as the people in his section were anxious for the passage of the bill, and he felt inclined to defer to their wishes. It was entirely local in its character, and he believed the applicant to be a worthy citizen of the county; he knew nothing of his qualifications, but hoped the pleasure of his constituents would be consulted in this case. The motion to postpone was lost.

Mr. James R. Smith moved to amend by adding, as an additional section, that all laws requiring applicants to undergo examination in order to practice, be abolished.

Mr. James E. Brown moved to amend the bill by adding the following, to wit: Be it further enacted, that William Henry and Francis Singleton, of Tatnall county, be authorized to practise physic under the restrictions and rules contained in this act.

Mr. Anderson moved to amend by the following: That the persons herein named pay the State and county tax usually imposed on Physicians in this State. Another Senator moved to amend by adding the following proviso: That the passage of this act shall not be considered a precedent to authorize the Senate of Georgia to resolve itself into a Medical Faculty, in future, to manufacture Physicians without regard to qualifications, or the necessary requisitions under the laws of the State.

Mr. Ferrel also moved the additional proviso: That the said Stephens and others shall not administer the steam bath more than three times to any patient in 24 hours, nor give a dose of Wake-Robin until the patient has been dead at least 12 hours, nor Mountain Root, only in extreme cases.

Mr. McBee hoped that *Sinators* would not stick on so many amendments likely to injure the bill.

Mr. William Jones offered an amendment which he wanted to lay upon the table to the effect—That the Honourable degree of M. D. be conferred upon the Senator from the 46th District, and he be allowed to administer *Roots* to his patients, if so desired, and in each and every case be entitled to exact the fee usually allowed in such cases.

Mr. McBee, then rose and made the following speech, to wit :

[The speech of the gentleman from the 46th District, which should follow in this place, is so *killing* to the whole profession, and so destructive to the mother tongue, that we feel bound to spare our readers its recital.—ED. EX.]

On the passage of the bill the vote stood 22 yeas to 14 nays.

With such a brilliant exhibition of legislative wisdom to enlighten us we cannot close our eyes to the lamentable fact that there really is a scarcity of doctors somewhere. However lightly this sort of famine may weigh upon us here at the fountain head of a large proportion of American medical existence, still less will this sapient history allow us to presume that, in one sovereign state at least, the call for aid in the doctor-making business will not be promptly answered.

Verily the invention of these honorables is worthy of a much higher latitude, and bids fair to assist in releasing our schools from a deal of anxious struggling for supremacy in catalogue expansion. The Gordian knot which has so puzzled and excited our National Association is cut at last, without either scalpel or prescription for its *trenchant*. Henceforth the glories of the lecture room, the dissecting table and the hospital, are departed—the professor's occupation is gone, and long courses, short courses, and biennial courses are alike doomed to pass away unheeded and forgotten. Introductories, valedictories, examinations and commencements, the whole cumbrous machinery with which laborious instruction was wont to do the duty, may now be left for the free and easy route of intuition and a vote of the majority. All must change their once golden brightness for a melancholy glimmering among the things that were.

We have changed all that. The ordeal of the green-box must give way to the cringes of the lobby member,—committees of the whole take the chairs of the faculty as they do the benches of the court, and graduations and divorces move on together through the same unhallowed license.

To treat the matter seriously for a moment—which is more respect

than we feel inclined to pay to such culpable absurdity—we have long had reason to suspect from personal observation, without the necessity of any additional conviction arising from the action chronicled in the Georgia letter, that there is a sad deficiency of legitimate practitioners in many, very many portions of our Union. We are satisfied that the whole number of *bonâ fide* graduates is not only unequally distributed, but that it is so entirely inadequate to the wants of the community, that pretenders and incompetent physicians are necessarily encouraged and fostered to an extent that would justify, for the removal of the evil, the annual production of twice as many educated members of the profession as are now presented by our schools. Under this assurance we shall hail with pleasure the establishment of every new school, and rejoice in the increased prosperity of all the institutions now effectively at work, no matter how appalling the crowd of new candidates for medical honors and emoluments may seem to be. The deserving man may rely upon eventual success, if he be willing to seek it in the proper place. The undeserving need not be feared or pitied by any but himself, for he too shall have his reward.

INTRODUCTORY LECTURES.

Those of our friends who have kindly sent us their Introductories, we trust will forgive us for having thus long left them unnoticed. We are not unmindful of their favors, nor ungrateful for the pleasure we have derived from reading them; but have been obliged to postpone them from unavoidable circumstances.

STUDENTS AND GRADUATES.

The University of Pennsylvania numbered four hundred and thirty-eight matriculants.

The Jefferson Medical College, five hundred and sixteen, and two hundred and eleven graduates.

The Pennsylvania Medical College, one hundred and six; thirty-four graduates.

Geneva Medical College, one hundred and six; graduates thirty-two, (1849.)

University of Maryland, one hundred and seventy-one; graduates sixty-eight, (1849.)

Starling Medical College, one hundred and fifty one; graduates fifty, (1849.)

Medical Department of Harvard College, one hundred and twenty-seven.

Medical Department of Yale College, sixteen graduates.

In some instances we have not received the number of graduates for this session; those of 1849 are so designated. At the time of going to press, the session of the University of Pennsylvania is not yet completed, that Institution having extended its lecture term to six months.

DIED.

MARCUS L. TAFT, M. D., at the Quarantine Hospital, Long Island, of typhus fever, in his 29th year. Those of our readers who were present at the last meeting of the American Medical Association in Boston, will remember this young gentleman as the reader of the Report on Medical Education, and will regret with us, that a career that promised so brightly, should have been so prematurely brought to a close.

MEDICAL PRACTITIONER'S AND STUDENTS' LIBRARY.

No. 5 of this series has just been issued by the publishers, Messrs. Lindsay & Blakiston. It is the *American Medical Formulary*, based upon the United States and British Pharmacopœias, by JOHN J. REESE, M. D., Lecturer on Materia Medica and Therapeutics in the Philadelphia Medical Institute. We hope to present our readers with an analysis of its contents in the May number. In the meantime, we can say that we have been favorably impressed with the manner in which the work has been executed, and believe that the flattering opinions expressed in relation to the other volumes of the series will be readily extended to this new aspirant for professional encouragement.

DELEGATES TO THE CONVENTION FOR REVISING THE NATIONAL PHARMACOPŒIA.

The following additional names have been reported since the announcement in the last number of the Medical Examiner.

From "the Rhode Island Medical Society," DR. JOSEPH MAURAN.

From "the Wisconsin State Medical Faculty," GEORGE D. WILBUR, M. D.

From "the Medical Society of Delaware," DRS. J. N. JUMP, J. D. PERKINS, and J. W. THOMSON.

GEO. B. WOOD,

Vice President of the Pharm. Convention of 1840.

Philada., March 22d, 1850.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The annual meeting of the Society for 1850, will be held in the Controller's Chamber, Athenæum building, Sixth street below Walnut, in the city of Philadelphia, on Wednesday, April 17th, at 11 o'clock, A. M. Delegates from country societies are requested to report as early as possible to the undersigned.

HENRY S. PATTERSON, 92 Arch street, Philadelphia,

GEORGE B. KERFOOT, Lancaster,

Recording Secretaries.

(We hope the attendance will be large. Our friends from all parts of the State may rest assured that a cordial welcome awaits them.)

It is announced by the Boston Medical and Surgical Journal, that Drs. Forbes and Marshall Hall are about to visit this country.

SUMMER MEDICAL SCHOOLS.

The regular lectures in these Institutions will commence on the first of April. A reference to the advertisement page, will exhibit a schedule of the courses in each. It may be stated, however, that not more than three lectures are delivered daily, and the hours are so arranged as not to interfere with those devoted to Hospital and Clinical instruction. By means of antiseptics, the lecturers on Anatomy are enabled to make their demonstrations from the recent subject, thus presenting the same advantages that are obtained during the winter, and with as little personal inconvenience.

UNIVERSITY OF NEW YORK.—MEDICAL DEPARTMENT.

The Medical Faculty of the University of New York regret to announce that their colleague, Professor, S. H. Dickson, whose health, previously delicate, has suffered from change of climate, has resigned the chair of the Institutes and Practice of Medicine.

In accordance with the regulations of the University, notice is hereby given, that applications will be received for the vacant professorship, addressed to the undersigned.

All applications will be regarded as confidential, and must be sent in on or before the first day of May.

JOHN W. DRAPER, M. D.,
Secretary of the Medical Faculty,
380 Fourth street, New York.

ARMY MEDICAL BOARD.

A Board of Army Surgeons, for the examination of Assistant Surgeons for promotion, and of applicants for appointment to the Medical Staff of the Army, is to convene in New York city on the 15th of May next, and will probably continue in session during three or four weeks. The National Intelligencer says:—

Applications must be addressed to the Secretary of War; must state the age and residence of the applicant; and must be accompanied by respectable testimonials (mere references are not sufficient) of his possessing the moral and physical qualifications for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

A GENTLE HINT TO NON-SUBSCRIBING CORRESPONDENTS.

The following bit of advice appears so appropriate, that we adopt it. We have our "occasional readers," too, and have sometimes to remind them of the true value of their patronage:—

"If 'An Occasional Reader' were to convert himself into 'A Constant Reader,' we feel confident that he would derive much benefit and consolation from the change. As it is our intention to comply with the hint of an 'Occasional Reader,' we hope that he will adopt our suggestion, and conclude his next communication with a more satisfactory signature."—*London Lancet*.

Ovariectomy.—We have received the following note from Dr. W. L. Atlee on this subject:

DEAR DOCTOR: Since I placed in your hands the report of my fourth and fifth cases of large peritoneal section, I have performed the operation of gastrotomy twice. Both patients have recovered from the operation, and no unfavorable symptom interfered with their recovery.

The sixth operation, which was exploratory, was on the 13th of October, the patient, Miss M. B., aged 43 years; the incision extending from one inch above the umbilicus to the pubis; the tumour, uterine, and not adherent. After deciding against its extirpation, the wound was closed.

The seventh operation was on the 24th of November: the patient, Mrs. T. H., aged 39 years; the incision of the same length, the tumour fibrous, attached by a very thick dense pedicle to the fundus uteri, weighing six pounds.

Chloroform was employed in both cases in the same way as in the previous operations, and with the same happy results.

A report of these cases will be prepared for the "*American Journal of the Medical Sciences*."

Very respectfully, &c.,

WASHINGTON L. ATLEE.

To Isaac Hays, M. D.

Philadelphia, Dec. 22d, 1849.

Medical News.

Deaths in Philadelphia during the months of January, February and March, (up to March 23d.) Reported by Mr. JAMES AITKEN MEIGS, Student of Medicine.

(To be continued monthly.)

Diseases.	JANUARY.		FEBRUARY.		MARCH.		Total.	
	Adults.	Chil.	Adults.	Chil.	Adults.	Chil.	Ad.	Ch.
Abscess,	0	1	1	0	0	0	1	1
“ of liver,	1	0	0	0	0	0	1	0
“ lungs	1	0	1	1	1	0	3	1
“ neck,	0	0	0	1	0	1	0	2
“ pleura,	0	1	0	0	0	0	0	1
Anæmia,	0	0	0	1	0	0	0	1
Angina Pectoris,	0	0	2	1	0	0	2	1
Apoplexy,	7	0	6	0	7	1	20	1
Aphthæ,	0	0	0	0	0	1	0	1
Asphyxia,	0	0	0	2	0	1	0	3
Asthma,	0	0	0	0	1	0	1	0
Burns and scalds,	3	2	3	2	0	2	6	6
Cachexia,	1	0	0	0	1	0	2	0
Cancer,	3	0	0	0	1	0	4	0
“ of breast,	1	0	0	0	1	0	2	0
“ liver,	0	0	1	0	0	0	1	0
“ pylorus,	1	0	0	0	0	0	1	0
“ stomach,	2	0	1	0	0	0	3	0
“ uterus,	4	0	0	0	1	0	5	0
Casualty,	4	1	1	1	3	1	8	3
Child-bed,	1	0	0	0	1	0	2	0
Cholera infantum,	0	0	0	1	0	2	0	3
“ morbus,	1	0	0	0	0	0	1	0
Compression of brain,	0	1	0	0	0	0	0	1
Congestion of brain,	3	3	0	2	5	2	8	7
“ heart,	0	0	0	1	0	0	0	1
“ lungs,	1	6	2	1	1	4	4	11
Convulsions,	2	28	0	26	0	29	2	83
“ puerperal,	0	0	0	1	0	0	0	1
Croup,	0	17	0	17	0	7	0	41
Cyanosis,	0	3	0	1	0	0	0	4
Debility,	3	5	4	5	5	8	12	18
Diarrhœa,	1	3	2	3	5	3	8	9
Disease of brain,	2	11	2	4	1	4	5	19
“ bowels and stomach,	0	1	0	0	0	1	0	2
“ heart,	9	3	4	0	5	7	18	10
“ kidneys,	0	0	1	0	0	0	1	0
“ liver,	1	0	2	1	1	1	4	2
“ lungs,	1	1	1	2	0	1	2	4
“ prostate gland,	1	0	0	0	0	0	1	0
“ spine,	0	0	0	0	0	1	0	1
Dropsy,	14	2	1	3	7	1	22	6
“ of abdomen,	1	1	2	0	2	1	5	2
“ breast,	4	4	3	1	1	3	8	8
“ head,	1	15	0	14	1	27	2	56
“ heart,	0	0	0	0	0	2	0	2
Drowning,	3	0	1	0	3	0	7	0

Diseases.	JANUARY.		FEBRUARY.		MARCH.		Total.	
	Adults.	Chil.	Adults.	Chil.	Adults.	Chil.	Ad.	Ch.
Dysentery,	3	6	5	1	3	4	11	11
Dysmenorrhœa,	0	1	0	0	0	0	0	1
Dyspepsia,	1	0	0	0	0	0	1	0
Effusion on brain,	0	5	0	3	0	3	0	11
" lungs,	0	0	1	1	0	0	1	1
Enlargement of heart,	0	0	3	1	1	0	4	1
" liver,	0	1	0	1	0	0	0	2
" ovary,	1	0	0	0	0	0	1	0
Epilepsy,	1	1	1	0	0	2	2	3
Erysipelas,	1	3	0	4	3	1	4	8
Exposure,	0	1	0	0	0	0	0	1
Fever,	1	2	0	0	2	1	3	3
" bilious,	1	1	0	1	0	3	1	5
" catarrhal,	0	1	0	0	0	0	0	1
" congestive,	0	0	0	1	1	0	1	1
" continued,	0	0	0	0	1	0	1	0
" hectic,	0	0	0	2	0	0	0	2
" intermittent,	0	1	0	0	0	0	0	1
" nervous,	0	0	0	0	1	0	1	0
" puerperal,	0	0	3	1	4	0	7	1
" remittent,	3	1	0	0	0	1	3	2
" scarlet,	2	54	1	34	1	49	4	137
" typhoid,	6	1	5	0	4	3	15	4
" typhus,	4	2	5	0	3	3	12	5
Fracture of skull,	1	0	0	0	0	0	1	0
Gangrene,	0	0	1	0	0	0	1	0
Hemorrhage,	0	1	0	0	0	1	0	2
" from aorta,	1	0	0	0	0	0	1	0
" " bowels,	0	1	0	1	1	0	1	2
" " lungs,	2	1	0	0	3	1	5	2
" " uterus,	0	0	1	0	0	0	1	0
Icterus,	0	0	0	1	0	1	0	2
Ileus,	0	0	1	0	0	0	1	0
Inanition,	1	2	0	1	0	2	1	5
Inflam. of brain,	2	15	3	7	3	16	8	38
" breast,	0	2	1	0	1	2	2	4
" bronchi,	4	26	5	14	3	12	12	52
" fauces,	0	1	0	0	0	1	0	2
" heart,	0	0	2	0	1	2	3	2
" kidneys,	1	0	0	0	0	0	1	0
" larynx,	1	1	0	0	0	1	1	2
" liver,	4	0	1	0	3	0	8	0
" lungs,	12	25	8	24	21	21	41	70
" peritoneum,	6	2	1	3	5	2	12	7
" pleura,	1	0	2	0	0	0	3	0
" salivary glands	1	0	0	0	0	0	1	0
" stomach and bowels,	7	5	7	3	7	7	21	15
" trachea,	0	0	0	0	0	1	0	1
" uterus,	0	0	0	0	1	0	1	0
Influenza,	0	1	0	0	0	0	0	1
Intemperance and exposure,	3	0	3	0	5	0	11	0
Ischuria,	0	0	0	0	0	1	0	1
Lupus Exedens,	0	0	0	0	1	0	1	0
Malformation,	0	1	0	2	0	0	0	3

1850.]

Mortality of Philadelphia.

251

Diseases.	JANUARY.		FEBRUARY.		MARCH.		Total.	
	Adults.	Chil.	Adults.	Chil.	Adults.	Chil.	Ad.	Ch.
Malformation of heart,	0	0	0	1	0	1	0	2
" throat,	0	0	0	1	0	0	0	1
Mania-a-potu,	4	0	2	0	3	1	9	1
Marasmus,	2	3	0	6	3	5	5	14
Measles,	0	3	0	3	0	12	0	18
Mortification,	1	0	0	0	0	0	1	0
Mortification of leg,	0	0	0	0	1	0	1	0
" lungs,	1	0	0	0	0	0	1	0
Neuralgia,	1	0	0	0	0	1	1	1
Obstruction of bowels,	0	0	0	0	0	1	0	1
Edema of lungs,	0	0	0	0	0	1	0	1
Old age,	11	0	10	0	16	0	37	0
Ossification of heart,	0	1	0	0	0	0	0	1
" valves of heart,	0	0	1	0	0	0	1	0
Palsy,	8	0	3	1	4	0	15	1
" of brain,	0	0	0	1	0	0	0	1
" lungs,	0	0	0	0	1	0	1	0
Parotitis,	1	0	0	1	0	0	1	1
Pertussis,	0	2	0	2	0	8	0	12
Phthisis pulmonalis,	63	12	49	12	57	13	169	37
Phlebitis,	1	0	0	0	1	0	2	0
Pneumothorax,	0	0	0	0	1	0	1	0
Poisoning,	0	0	1	0	1	0	2	0
Prolapsus ani,	0	1	0	0	1	1	1	2
Purpura,	0	1	0	0	0	0	0	1
Rheumatism,	2	0	1	0	0	0	3	0
Scrofula,	1	3	0	1	0	7	1	11
Small pox,	0	2	1	2	0	1	1	5
Softening of brain,	0	1	0	0	1	0	1	1
" stomach,	0	0	0	0	0	1	0	1
Still born,	0	34	0	27	0	39	0	100
Strangulation,	0	1	0	0	0	0	0	1
Suicide,	1	0	1	0	1	0	3	0
Syncope,	0	0	1	0	0	0	1	0
Tabes mesenterica,	0	1	0	0	0	0	0	1
Teething,	0	1	0	2	0	0	0	3
Tuberculosis,	2	0	0	0	1	1	3	1
Tumor,	0	0	1	0	0	0	1	0
" of brain,	0	0	0	0	1	0	1	0
Ulceration of bowels,	2	0	0	0	0	0	2	0
Ulcered sore throat,	0	0	0	0	0	2	0	2
Unknown,	2	9	1	4	0	11	3	24
Violence,	0	1	0	0	0	0	0	1
Wounds,	2	0	0	0	0	0	2	0

651 971

1,622

Total,	Adults.	Children.
January,	253	350
February,	173	262
March,	225	359
	<u>651</u>	<u>971</u>

Of the foregoing the ages were as follows:—

Under	1	year,	-	-	-	451
From	1	to	-	2,	-	162
	2	-	-	5,	-	195
	5	-	-	10,	-	97
	10	-	-	15,	-	22
	15	-	-	20,	-	43
	20	-	-	30,	-	155
	30	-	-	40,	-	134
	40	-	-	50,	-	111
	50	-	-	60,	-	83
	60	-	-	70,	-	59
	70	-	-	80,	-	66
	80	-	-	90,	-	39
	90	-	-	100,	-	4*
	100	-	-	110,	-	1
						1622

Included in this number, are 94 from the Almshouse, 132 people of color, and 15 from the surrounding country.

RECORD OF MEDICAL SCIENCE.

PATHOLOGY AND PRACTICE OF MEDICINE.

Treatment of Dysentery by injections of Nitrate of Silver and Creosote. By Professor FLINT.—The nitrate of silver, as we know, in analogous instances of inflamed mucous tissue—for example, in conjunctivitis, pharyngitis, &c., exerts a surprising effect in diminishing and arresting inflammatory action. It has been employed, to some extent, in dysentery, and is recommended by some practical writers; but so far as we know, is by no means in common use. In one case we resorted to a solution of the crystals of the nitrate of silver, ten grains to the ounce, with marked benefit. The tenesmus and frequent dejections were relieved in a striking degree, and the discharge of mucus and blood was much diminished. To secure the good effects of this application, it is desirable that the injection be made to pass up the intestine as high as practicable, in order to bring it into contact with a large portion of the inflamed surface. We found the best instrument at hand to be a female bone syringe, with a long pipe, terminating by a perforated bulbous extremity. Perhaps a solution of greater strength might be even more serviceable. The patient was a child four years of age. The application occasioned, apparently, little or no pain; not more than the ordinary enemas of starch and laudanum. Another remedy employed in the same case was a creosote mixture. We have used this remedy in two cases; in one, of chronic dysentery of long standing, the effect was good, but not extraordinary. In the case recently under treatment, we first employed it in connexion with the tincture of opium,

and found that the enemata were retained, when with the laudanum alone they were immediately expelled. We employed at first a mixture for each injection (oz. ss.) containing two minims of creosote. Subsequently we employed the creosote alone, increasing the quantity to four minims, and the good effects were striking. The relief of the local symptoms was quite as great as when the opium was given in combination, the disadvantages of the latter being avoided. We feel confident that this will prove a valuable remedy in the dysentery, and we therefore are solicitous that our readers should make trial of it. We do not, of course, suggest these as remedies intended to supersede other therapeutical measures, but only as useful auxiliaries thereto.—*Buffalo Medical Journal*.

Neuralgia and Rheumatism treated by cold draughts after sweating.—At Bellevue, near Paris, there is a fine establishment, in which everything of practical value connected with “the water-cure”—be it hot or cold—is applied to the treatment of various obstinate affections. The advantages obtained from a rational employment of several powerful agents, as distinguished from the empirical use of one alone, are very great. They were pointed out in an excellent Memoir which Mr. Fleury presented at the last meeting of the Academy of Sciences. The author selected forty-six cases, observed at the establishment during the last four years, and from their results deduced the following conclusions:

Five patients, laboring under attacks of acute neuralgia from four to fifteen days, (facial, intercostal, sciatic,) were cured by one to three applications of the cold douche, both general and local, employed after the use of the dry stove, which had produced copious transpiration. Here the revulsive action of heat followed by cold was much more energetic than that of flying blisters, or the cautery.

Eleven patients, attacked by acute muscular rheumatism, fixed in its seat and very severe, were rapidly cured in the same manner.

In *four* cases of obstinate neuralgia, which had resisted every known method of treatment for four to ten years, a cure was obtained by cold douches (general and local,) sometimes preceded by the use of the hot-air bath. The duration of the treatment varied from one to six months, and its average was three months. *Three* patients, who for five to fifteen years had presented, in the most marked degree that *ensemble* of symptoms known under the title of “nervous accidents,” and who had been reduced by them to the lowest state, in spite of medical art, were cured in the same manner. Here, however, the treatment was continued from seven to eighteen months, and the average duration was more than a year.

Finally, in twenty-three cases of chronic muscular rheumatism, which had resisted every species of treatment, and the most celebrated mineral waters of Europe, the cold douches after sweating effected complete cures. The average time of treatment was four months; the minimum one month; the maximum seven.

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Here, it must be confessed, we have a rational method of treatment, applied according to the rules of art, and as successful as the miracles of Hydropathy.—*Lond. Med. Times.*

SURGERY.

New Method of Operating for Extirpation of the Testicle.—The Gazette des Hopitaux mentions a new mode of incision in extirpation of the testicle, introduced by M. Jobert, surgeon to the Hotel Dieu. Instead of making simply a longitudinal or an elliptical incision on the anterior part of the testicle, M. Jobert makes a shell-like or valvular opening, by carrying his incision in a semi-circular form along the lower convexity of the organ. The usual method has been found objectionable, because a deep cavity is left after the removal of the testicle, in which fluids may accumulate, and this circumstance seldom allows of union by first intention. Aumont had formerly proposed to attack the tumor inferiorly and posteriorly, both to prevent accumulation and avoid the anterior cicatrix, but M. Jobert prefers the above-mentioned method, and proceeds thus: "The bistoury, held like a pen, is plunged into the inferior part of the inguinal canal, and carried, from above downwards, along the external and anterior side of the tumor, as far as its basis, where the instrument is made to sweep round towards the internal side and ascend in the direction of the ring, without, however, running so far as that point, but stopping by the side of the penis. The lips of the wound separate of themselves, and the bistoury needs only be made to pass under the anterior flap, and then under the posterior, in order to isolate the whole tumor with an astonishing rapidity. The vessels may be tied as they are being divided. By this process, the two flaps will be brought in contact without the least effort, or leaving any cavity; and the surgeon has no occasion to fear the infiltration of any liquid. The favorable circumstances will be conducive to union by first intention, the hope of which had almost been abandoned by surgeons in cases of castration. The threads, instead of being placed in the middle of the scrotum, as is the case in the ordinary method of operating, are placed along a semi-circle, and act as conductors to the serosity which commonly forms in this region after the operation. This incision was applied in a case of encephaloid tumor of the testicle, on the 23d of November last; and the wound was secured by the twisted suture. Compresses of cold water were applied; on the 24th there was no fever and very little swelling; on the 25th no fever, and on the 26th half of the pins were removed. On the 15th of December, the wound had been for some days completely cicatrized. This is not quite union by first intention, but the ligatures of the cord may have prevented that result.—*Lond. Lancet.*

Prevention of the entrance of Air when removing Fluid from the Pleuræ, Peritoneum, and Cavities of Abscesses.—At a meeting of the

Société de Chirurgie, of Paris, held on the 14th of November, a letter was read from M. Raciborski, of which the Union Médicale, for November, gives the following extract.

A wet, collapsed hog's bladder is fixed to the outlet of the canula which is to be introduced. When the trocar has sufficiently entered the cavity, the bladder must be supported by the left hand of the operator, the right being used to withdraw the trocar, and so allow the fluid to flow through the canula into the bladder. If the bladder be insufficient to contain the whole of the fluid to be withdrawn, the flow has to be stopped by pressing the side of the bladder against the outlet of the canula, whilst an assistant punctures the bladder in a convenient part, and thus evacuates its contents. By securing the opening by a ligature, the bladder may be made to serve for the evacuation of the whole of the fluid.—*Lond. Journ. of Med.*

OBSTETRICS.

Effects of the Moral Treatment of Hysterical Fits.—A young lady, who had met with a very severe disappointment, was placed under our care. She was 23 years of age, and hereditarily predisposed to the disease on both sides. It manifested itself by an excited state of mind, with startings and restlessness, and she had frequent hysterical fits. Every attention had been paid to her health before she quitted home, but having attempted to throw herself out of the window, it was deemed proper to remove her from the scene of her excitement. She was cheerful and clever, and very susceptible of admiration. When she first came, she stated that her fits were so frequent that it was not right for her to go to church; but as they were really not violent, we observed to her that it was always the rule of the house to go to church, and that if the fit came on there, we should be obliged to call for the assistance of the beadle to take her out; and that she would thus make herself very conspicuous. After the service of the first Sunday, she observed, on coming home from church, that she was very nearly attacked indeed; and it was remarkable that she never had any fit at these times afterwards. We took courage from this, and hoped the time would come when the fits would disappear, not only at church, but altogether, by a similar method of treatment. One day, while at dinner, her knife and fork dropped suddenly into her plate, and she was simultaneously upon the floor. There were several at the table, and the servant was requested to give no heed to the lady. After a few minutes had passed away, a gentleman who was at the table, whose pharmaceutical knowledge would never make his fortune, feeling a little nervous about the issue of the case, rather anxiously suggested that she should have some *Epsom* salts—meaning, no doubt, to say smelling salts, given to her. This was quite enough. She laughed very much, and resumed her place at the table, and all went on as before. And it is very pleasing to be able to add, that for the few months longer she remained with us she experienced no return of the fits either at church

or at home; her irritability and oddness of manner went off, and she continued well. This is now eighteen years ago, and there has been no actual return of the threatened malady, though she has been extremely nervous at times, many sorrows and trials having attended her. If these fits had been neglected or encouraged by bad management at the first, the probability is, she would, with all the predisposing circumstances of the case, have been the subject of insanity at the present time.—*Dr. Burnett on Insanity.*

Obesity Simulating Pregnancy—Caution in the Diagnosis of Pregnancy. By DR. LEOPOLD SCHONBURGH.—Mrs. —, whose husband had been separated from her by imprisonment upwards of three months, after exposure to cold, experienced all the symptoms of pregnancy. She was a modest and virtuous woman, and believed herself to have been three months pregnant. In about eight weeks more she believed she felt the movements of the child; the abdomen continued to increase in size proportionably. At the end of nine months her abdomen presented the appearance of the full period of gestation, but she had not felt the supposed foetal movements for several weeks. The catamenia now returned regularly at each month, her health was good, and the size of the abdomen again decreased to the size of about five months' pregnancy.

The umbilicus was depressed, the parietes felt doughy, free from fluctuation, the hands could be pressed below them four or five inches downwards towards the spine, and could be made to meet together beneath the fat integuments; the uterus could be felt somewhat enlarged in the hypogastric region. On examination per vaginam, the os uteri could be readily reached: it was soft and seemed swollen; two lateral cicatrices could be perceived on its surface. The cervix uteri was rather more than half an inch in length. The posterior wall was soft and rather tender; pressure on the abdomen could be felt to depress this organ. The mucous membrane of the vagina did not present a bluish, but the ordinary red colour.

It was agreed that no pregnancy existed in this case, but that the suppression of the catamenia by cold had given rise to the rapid development of fat, and congestion of the pelvic viscera, with the consequent enlargement of the abdomen.—*Casper's Wochenschrift and Monthly Jour.*

Influence of cholera Cupon Pregnancy and the Fetus.—In the Gazette Médicale of October 13th, this question is investigated by M. Bouchut. The result of inquiries seems to be that the pregnant state is no safeguard against cholera, and that after the third month abortion generally occurs, if the attack of cholera lasts beyond twenty-four hours. In those more rapid cases, the woman often dies without expulsion of the uterine contents. The effects on the foetus are generally fatal, even where premature labour occurs, as at the seventh or eighth month; the infant is born asphyxiated. [This we have ourselves witnessed.—*Prov. Med. and Surg. Journal.*]